CenterPoint Energy
Healthcare Energy Efficiency Program (HEEP)

Application Form

CUSTOMER INFORMATION

Company Name			
Contact Name	Job Title		
Telephone	Email		
Mailing Address	City	State	Zip Code

FACILITY INFORMATION

Check which applies:	Hospital	Medical Office	Assistant Living	Clinic	Other:_____
Check which applies:	For Profit	Non Profit	Government		
Check which applies:	Renovation	New Construction	Both		

Facility Address				Square Footage (ft2)	Building Age (years)	ESID
Address	City	State	Zip Code			
Address	City	State	Zip Code			
Address	City	State	Zip Code			
Address	City	State	Zip Code			
Address	City	State	Zip Code			

PROJECT INFORMATION

Wish List: *(Please check the appropriate area(s) in which you may be interested)*

- We may be interested in a comprehensive energy audit
- We may be interested in benchmarking our facility
- We may be interested in developing an energy efficiency reduction plan or a master plan
- Other:_____

- We may be interested in new energy-efficient lighting
- We may be interested in new energy-efficient cooling system
- We may be interested in adding VFDs to our cooling systems
- We may be interested in retro commissioning our facility

CUSTOMER SIGNATURE ▶ (REQUIRED) ◀

The above information is submitted for the sole purpose of applying to participate in the CenterPoint Healthcare Energy Efficiency (HEEP) Program. I hereby certify this information to be true, and indicate my interest and willingness to participate in the program. I hereby agree to acknowledge facility's host customer about my participation in HEEP, and coordinate with the host customer to provide CenterPoint Energy or its designee access to the facility during normal business hours for the purpose of conducting site assessment or inspecting the installed equipment.

Customer authorized signature

Print (or type) name	Date