

**American Electric Power/Kentucky Region
TEE Program: Base Load Only Data Collection Form**

Customer Name: _____
Account Holder Name: _____
Electric Company Account Number: _____
Address: _____

Agency: _____
Job Number: _____
Initial Contact Date: ____/____/____
All Work Completed Date: ____/____/____

Phone Number: (____) _____-_____
Housing Type: Site-built Mobile Home Modular Combination
of Occupants _____

Water bed covers installed? Yes No Cost:
installed _____

Domestic hot water measures performed? Yes No Cost:
Fuel Type (check one): electric gas
Tank capacity: _____ gallons Tank age: _____ years
Temperature: original _____ Setback to: _____
of feet of pipe insulation installed: _____
Insulation jacket installed? Yes No
If NO, reason why? _____
Number of low-flow shower head(s) installed: _____

Compact Fluorescent bulb(s) installed? Yes No Cost:
Wattage of bulb #1 installed: _____ Hours of Use: _____
Wattage of bulb #1 replaced: _____ Location of bulb #1 _____
Wattage of bulb #2 installed: _____ Hours of Use: _____
Wattage of bulb #2 replaced: _____ Location of bulb #2 _____
Wattage of bulb #3 installed: _____ Hours of Use: _____
Wattage of bulb #3 replaced: _____ Location of bulb #3 _____ **PORCH**

Consumer Energy Education provided? Yes No Cost:
If no, list reasons why: _____

TOTAL COSTS FOR EACH COLUMN:

\$KPCO	\$WAP	\$ Other

INSTRUCTIONS

Waterbed covers installed? Circle yes or no. If yes, fill in the cost and number of covers installed.

Domestic hot water measures installed? Circle yes or no for any measure installed. Note whether the tank is electric or gas. If it is gas, it can't be retrofitted with KPCo funds. If the tank is electric, always fill in the tank size and estimated age. Fill in the temperature setting on the tank before and after any setback. List the number of feet of pipe insulation installed, if any. Circle yes or no to indicate whether a water tank insulation blanket was installed and a cost for installing it. List the reason if one is not installed (already present, leaky tank, manufacturer's warning). List the number of low-flow shower heads installed.

Compact fluorescent bulb(s) installed? Circle yes if one or more were installed and list the total cost. If three bulbs were installed, fill in all the information for all bulbs. Fill in the wattage of the new bulb, the estimated hours the original was on (**minimum 4 hours**), the wattage of the original bulb (**minimum 60 watt bulb**), and the location of the bulb.

Consumer Energy Education provided? Circle yes or no. This should be automatic.