

FRESH ENERGY SYSTEMS

Solar Quotation Questionnaire

Customer Information

Name (as it appears on utility bill): _____

Site Address: _____
Street City Zip

Mailing address: _____
Street City Zip

Home Phone: _____ Work Phone: _____ Cell: _____

Fax: _____ E-mail Address: _____

Site Information

Energy Consumption: kWh / Day _____ \$-Cost / Month _____

Fuel/Type (Hot Water and Space Heating): _____ / _____

Mounting Location: Roof _____ Ground _____ Other _____

Trees or shade issues? Yes _____ No _____ Explain _____

Available roof (ground) space (sq. ft.): _____ Space limitations? _____

Roof Direction: E _____ SE _____ S _____ SW _____ W _____ (No North)

Roof Pitch Steep _____ Normal _____ Flat _____

Roof Material Comp _____ Tile _____ Metal _____ Other _____

Roof Age/Condition _____

Number of Stories 1 _____ 2 _____ 3 _____

Electric Sub panel Amperage/Condition: _____

Age of Residence or /Commercial Building (circle same)? _____

Energy Efficiency Improvements planned for the near future? Yes _____ (Explain _____).

Please list ALL Appliances (indicate electric-E, natural gas-G; other-O)

