



Mail-in Energy Survey

Are you interested in saving energy and money on your electric bill? If so, we can help! Just fill out this survey and mail it to: **SECO Energy, Energy Services, PO Box 301, Sumterville, Florida 33585.**

Name: _____

Account #: _____

Daytime Phone: _____

Your Home

- Do you own or rent your home?
 Own Rent
- What best describes your home?
 Single story home Manufactured home
 Two story home
 Townhouse / Duplex / Apartment
- What is the approximate square footage of conditioned space? (*Conditioned space is space being heated and cooled, and does not include garage and open porches*) _____
- What type of foundation is your home built on?
 Slab on grade Crawl space
- Are your floors insulated?
 Yes, well insulated
 Yes, some insulation No insulation
- Are your exterior walls insulated?
 Yes, well insulated
 Yes, some insulation No insulation
- How much insulation is in your attic?
Is it batts or blown-in?
 Batts Blown-in
 3" - 6" 6" - 9" 9" or more
- What year was your home built? _____
- How many people live in your home (including yourself)? _____
- What type of windows are in your home?
How many? _____
 Single pane Double pane
 Triple pane Jalousie windows
 Tinted / Reflective film
- What type of exterior doors do you have?
 Insulated door Uninsulated door
 Glass door
- What is the condition of your weatherstripping around your windows and doors?
 Good Fair Poor
- Do you have a wood burning fireplace?
 Yes No
- Do you keep the damper closed when not in use?
 Yes No No damper

Heating and Cooling System

- What type of heating/cooling system do you have in your home?
 Central electric Gas furnace
 Electric heat pump Other _____
- What year was your central unit installed? _____
- What type of thermostat do you have?
 Digital Digital programmable Mercury
- Does your thermostat have an Auxiliary or Emergency Heat Mode? Yes No
- What temperature do you keep your thermostat during occupied hours?
Heating _____ Cooling _____
- What temperature do you keep your thermostat during unoccupied hours?
Heating _____ Cooling _____
- How many fans do you have in your home?
Portable _____ Ceiling _____
- How often do you run your fans? Never
 All the time _____ hrs/day.
- Do you have other fans?
 Attic (specify electric/solar) _____
 Whole house

Water Heating System

- What type of water heating system do you have? Electric Gas Other _____
- How old is your water heater? _____
- Is your water heater controlled by a timer?
 Yes No If yes, indicate the number of hours the timer is currently being used. _____

Other Appliances

- How many refrigerators/freezers do you have? Where are they located?
 Inside # of units _____
 Garage # of units _____
 Other (specify) # of units _____
- Approximately how many loads of laundry do you wash in a week? _____
- Do you wash with hot or cold water?
 Hot Cold Both
- Do you have a pool/hot tub? Pump size _____
 Yes No How many hours do you run the pump? _____ hrs/day.

Questions/Comments: _____
