



Your Touchstone Energy®  
Cooperative 

"We Care"

[www.clearwaterpower.com](http://www.clearwaterpower.com)

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**Member Information**

Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Installation Address:  
\_\_\_\_\_

Contractor: \_\_\_\_\_ Contact Person: \_\_\_\_\_

**Primary Building**

Primary Building Operating Schedule (daily hours of operation): \_\_\_\_\_

Weeks Per Year: \_\_\_\_\_

Primary Building Space Conditioning:  Heated  Non-Heated

**Existing Fixture Type**

Ballast:  Slimline  Magnetic  Other: \_\_\_\_\_

Quantity: \_\_\_\_\_

Lamp Type/Wattage: \_\_\_\_\_

Lamp Per Fixture: \_\_\_\_\_

**New Fixture Type**

Ballast: \_\_\_\_\_

Quantity: \_\_\_\_\_

Lamp Type/Wattage: \_\_\_\_\_

Lamp Per Fixture: \_\_\_\_\_

New Lamp/Ballast Model Numbers: \_\_\_\_\_

**Total Cost: \$** \_\_\_\_\_

By signing, I understand that BPA may conduct oversight inspections of all measures, contact end-users to verify reported measures, monitor or review the customer's procedures and records and conduct site visits to verify claimed energy savings and oversee implementation. BPA may require customers to provide billing data and contact information for completed projects. If so, billing data must be linked to the reported measure to allow BPA to assess savings by measure.

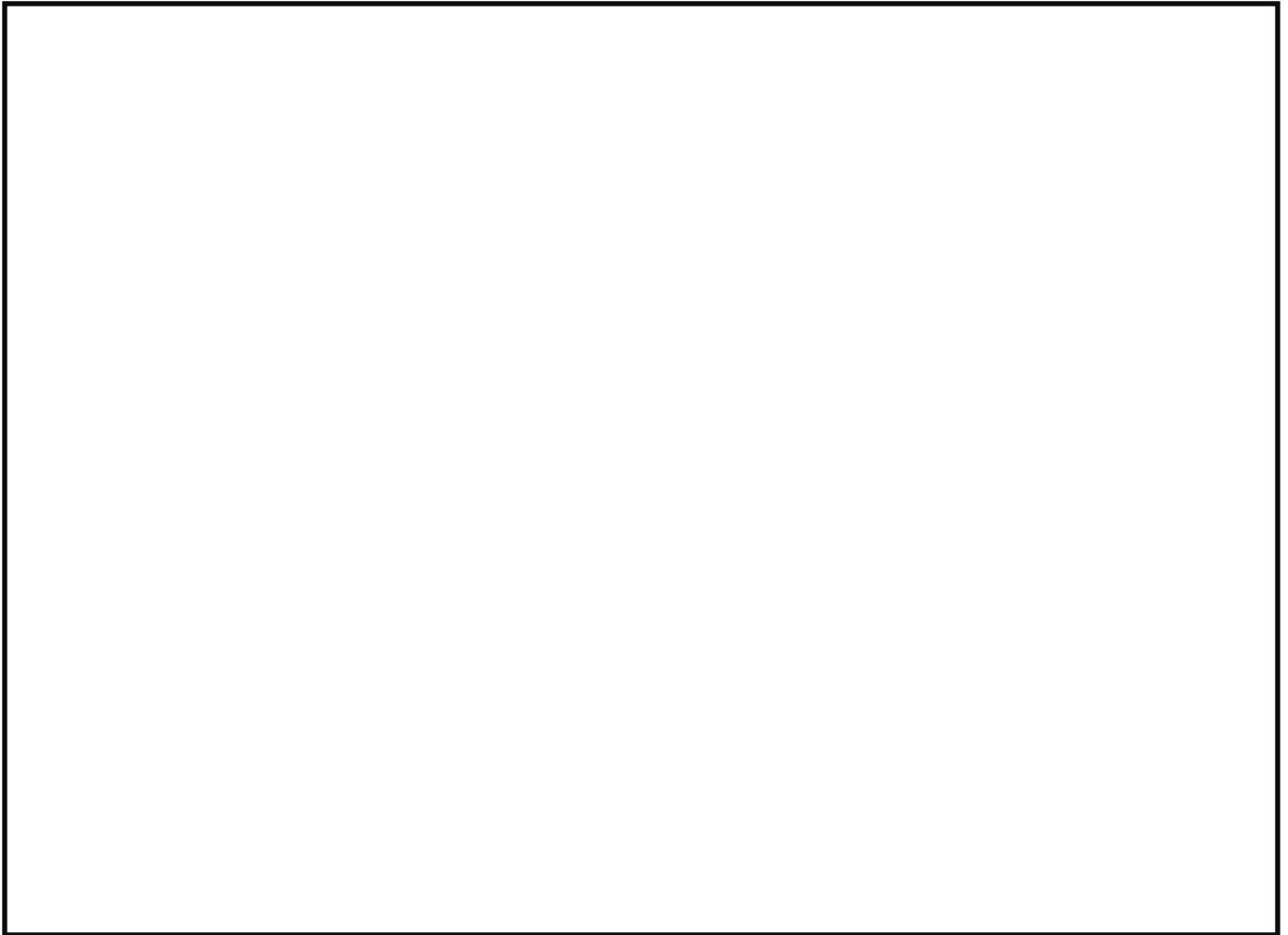
Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*"owned by those we serve"*

# Lighting Audit Sheet

Before Photos

Building Sketch



Measurements: L \_\_\_\_\_ W \_\_\_\_\_ H \_\_\_\_\_

General: FC \_\_\_\_\_ Work Bench FC \_\_\_\_\_ Other FC \_\_\_\_\_

Reflectance: General \_\_\_\_\_ Wall FC \_\_\_\_\_ % \_\_\_\_\_ Ceiling \_\_\_\_\_ Floor \_\_\_\_\_

Notes:

