



Your Touchstone Energy®
Cooperative 

"We Care"

www.clearwaterpower.com

(208) 743-1501 • (888) 743-1501 • Fax: (208) 746-3902

PO Box 997 • 4230 Hatwai Road, Lewiston, ID 83501

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.

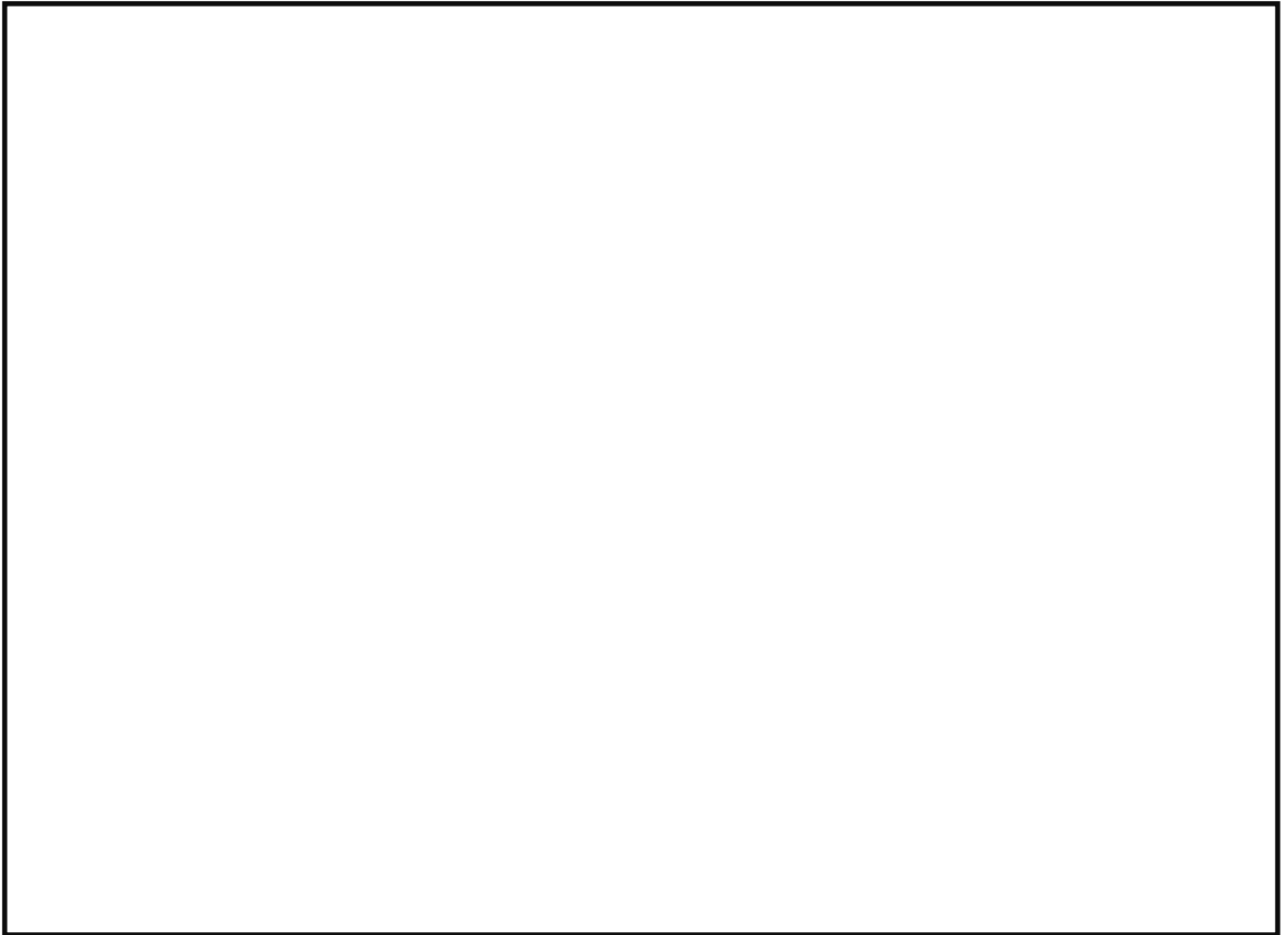
Member Signature: _____ Date: _____

"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:

