



Home Energy Consultation Questionnaire

Today's Date: _____

Your Information

Customer Name: _____

SCEG Account #: _____

Daytime Phone #: _____

Street Address: _____

City

State

Zip Code

Please complete the form to the best of your ability. Once we've received your submitted form, we will contact you in order to schedule an appointment. Thank you.

Tell Us About Your Home

What type of home is it? _____

What year was your home built? _____

If "Other", please describe: _____

What type of windows do you have? _____

Do own or rent the home? _____

If "Other", please describe: _____

What level of attic insulation (R-Value) do you currently have? _____

What's the approximate square footage of the home? _____

What type of cooling system do you have? _____

If "Other", please describe: _____

What is the SEER rating of the cooling unit? _____

What type of heating system do you have? _____

If "Other", please describe: _____

Is there any additional information we should know about your heating and/or cooling system(s)? _____

What thermostat setting is comfortable for your home? (in the Winter & Summer) _____

How do you heat water in your home? _____

If "Other", please describe: _____

Does your home have a pool, spa, well or other pump? _____

If "Yes", how often is the pump run & what horsepower is it?: _____

Submitting This Form

E-mail the completed form to: energyinformationservices@scana.com

Mail the completed form to: SCE&G Home Energy
c/o Energy Information Services, MC J07
Columbia, SC 29218

Fax the completed form to: 803-933-8720