



# HOLLAND BOARD OF PUBLIC WORKS

## ENERGY SMART MULTIFAMILY PROGRAM

### ENROLLMENT FORM



Important: For best service, please provide all requested information and send via fax (listed below).  
 IF YOU ARE APPLYING FOR THE PROGRAM, YOU MUST ATTACH A COPY OF YOUR HOLLAND BPW BILL(s).

PROPERTY MANAGEMENT COMPANY NAME	
PROPERTY NAME	
INSTALLATION ADDRESS	
CITY, STATE, ZIP	
RESIDENTS PAY (please circle): GAS / ELECTRIC / BOTH / NONE	
HOLLAND BPW ACCOUNT #	
CUSTOMER TAX ID #	
NAME AS IT APPEARS ON HOLLAND BPW BILL	
NAME OF CONTACT PERSON	
TITLE OF CONTACT PERSON	
CONTACT PHONE #	CONTACT FAX #
CONTACT E-MAIL ADDRESS	
MAILING ADDRESS	
CITY, STATE, ZIP	

Check each applicable box or detail information as requested:

<b>ELECTRIC PROVIDER</b>	<input type="checkbox"/> Holland BPW	<input type="checkbox"/> Consumers Energy	<input type="checkbox"/> Other _____
<b>NATURAL GAS PROVIDER</b>	<input type="checkbox"/> Consumers Energy	<input type="checkbox"/> DTE Energy / MichCon	<input type="checkbox"/> Other _____
<b>SPECIALTY HOUSING</b>	<input type="checkbox"/> Senior	<input type="checkbox"/> Condo-Style (Outside Entries)	
<b>BUILDING SPECIFICS</b>	_____ # of Buildings	_____ # of Units	<input type="checkbox"/> Onsite Maintenance
	_____ # of 1-bath Units	_____ # of 1.5-bath Units	_____ # of 2-bath Units
<b>BUILDING/UNIT SYSTEMS</b>	<u>Water Heating</u>	<u>Space Heating</u>	
	Circle One: Gas / Electric	Gas / Electric	
	Circle One: Boiler / Hot Water Heater	Boiler / Forced Air Furnace	Other _____