



LOWELL LIGHT & POWER 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 LOWELL LIGHT & POWER BILL(S).

PROPERTY MANAGEMENT COMPANY NAME	
PROPERTY NAME	
INSTALLATION ADDRESS	
CITY, STATE, ZIP	
RESIDENTS PAY (please circle): GAS / ELECTRIC / BOTH / NONE	
LOWELL LIGHT & POWER ACCOUNT #	
CUSTOMER TAX ID #	
NAME AS IT APPEARS ON LOWELL 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:

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