

# Energy Billing History

INCLUDE STEPS TO OBTAINING A LOW-INTEREST LOAN USING AND ENERGY SAVING IMPROVEMENT ANALYSIS AND FORM 32, ENERGY SAVING IMPROVEMENT ANALYSIS

		1. MAIN FUEL		2. OTHER FUEL		Use <b>ACTUAL</b> bills to complete this report for all applicable fuels. All data must be from the same time period. Include copies of bills when submitting this form.			
		<b>Fuel Type</b> <input type="checkbox"/> Natural Gas <input type="checkbox"/> LPG, Propane <input type="checkbox"/> #2 Oil, Diesel <input type="checkbox"/> #6 Oil <input type="checkbox"/> Wood (type) _____ <input type="checkbox"/> Other _____		<b>Fuel Type</b> <input type="checkbox"/> Natural Gas <input type="checkbox"/> Gasoline <input type="checkbox"/> Kerosene <input type="checkbox"/> Coal <input type="checkbox"/> LPG, Propane <input type="checkbox"/> #2 Oil, Diesel <input type="checkbox"/> #6 Oil <input type="checkbox"/> Wood (type) _____ <input type="checkbox"/> Other _____		Name _____			
		<b>Fuel Units</b> <input type="checkbox"/> Gallons <input type="checkbox"/> Mcf <input type="checkbox"/> Ccf <input type="checkbox"/> Hcf <input type="checkbox"/> Therms <input type="checkbox"/> Pounds <input type="checkbox"/> Tons <input type="checkbox"/> Cords <input type="checkbox"/> Other _____		<b>Fuel Units</b> <input type="checkbox"/> Gallons <input type="checkbox"/> Mcf <input type="checkbox"/> Ccf <input type="checkbox"/> Hcf <input type="checkbox"/> Therms <input type="checkbox"/> Pounds <input type="checkbox"/> Tons <input type="checkbox"/> Cords <input type="checkbox"/> Other _____		Address _____			
						City _____		State _____ Zip Code _____	
						Telephone Number ( _____ ) _____			
						3. ELECTRICITY		4. ELECTRIC DEMAND (if metered)	
Month	Yr.	Units	Cost	Units	Cost	kWh	Cost	<input type="checkbox"/> kW or <input type="checkbox"/> HP	Cost
January									
February									
March									
April									
May									
June									
July									
August									
September									
October									
November									
December									
<b>TOTALS</b>									
<b>5. FUEL USED FOR: (check all that apply)</b>		<input type="checkbox"/> Space Heating <input type="checkbox"/> Space Cooling <input type="checkbox"/> Water Heating <input type="checkbox"/> Process Heating <input type="checkbox"/> Power, Motion, etc. <input type="checkbox"/> Other _____		<input type="checkbox"/> Space Heating <input type="checkbox"/> Space Cooling <input type="checkbox"/> Water Heating <input type="checkbox"/> Process Heating <input type="checkbox"/> Power, Motion, etc. <input type="checkbox"/> Other _____		<input type="checkbox"/> Space Heating <input type="checkbox"/> Space Cooling <input type="checkbox"/> Water Heating <input type="checkbox"/> Lighting <input type="checkbox"/> Process Heating <input type="checkbox"/> Power, Motion, etc. <input type="checkbox"/> Fans or Pumps <input type="checkbox"/> Other _____		I hereby authorize the Nebraska Department of Environment and Energy to obtain energy consumption, cost and billing information from the energy suppliers listed at left. This information may include past and present as well as future consumption, cost and billing patterns. I also certify all the information supplied above is true and correct to the best of my knowledge and belief and I have read and understand the instructions for this form.	
<b>6. FUEL SUPPLIER NAME, ADDRESS &amp; PHONE NO.</b>								<b>sign here</b> _____ Signature	
<b>7. ACCOUNT NUMBER</b>								_____ Date	

Submit This Form, Form 32, Energy Saving Improvement Analysis and supporting documents, along with the name, mailing address, phone number, and contact person for the participating Nebraska lender you will be using to finance the project to: energy@nebraska.gov or mail to NDEE, PO Box 98922, Lincoln, NE 68509

## INSTRUCTIONS

### **COLUMN 1. MAIN FUEL.**

**Fuel Type.** Check the type of fuel that you use as your main fuel. For example, if you use natural gas to heat your home it is considered the MAIN FUEL.

**Fuel Units.** Check the units by which your main fuel is metered. This is normally indicated on utility or fuel bills.

**Units and Cost.** List the information from your energy bills or records indicating the amount of (units) and cost (in dollars) for the main fuel. Use records for the most recent 12 months.

**COLUMN 2. OTHER FUEL.** See instructions for column 1. List the information for the second most important fuel from your energy bills or records. For example, if you used wood as a back-up to heat your home it is considered the OTHER FUEL. Use records for the most recent 12 month period.

**COLUMN 3. ELECTRICITY.** List the information for electricity from your energy bills or records. Indicate the amount of electricity (in kWh) and cost in dollars. For example, if you use only electricity for heating and cooling, do NOT fill in the information for MAIN FUEL and OTHER FUEL. Use records for the most recent 12 month period.

**COLUMN 4. ELECTRIC DEMAND (if metered).** If your electric cost is based on demand as well as energy use, fill in the column for kW (or connected HP) and the demand charge for each month in which a demand charge was billed, using the most recent 12 month period.

**LINE 5. FUEL USED FOR:.** Check the appropriate boxes indicating what your MAIN FUEL, OTHER FUEL and ELECTRICITY are used for.

**LINE 6. FUEL SUPPLIER NAME, ADDRESS & PHONE NO.** List the name, address, and telephone number of your MAIN FUEL, OTHER FUEL and ELECTRICITY suppliers.

**LINE 7. ACCOUNT NUMBER.** Account numbers should be listed on your fuel bills. List the account numbers of your MAIN FUEL, OTHER FUEL and ELECTRICITY suppliers.

**SIGNATURE.** Please read the information in the signature block, print or type your name and sign and date the Billing History form before mailing.

**Remember to submit copies of bills with this form, Form 32, Energy Saving Improvement Analysis, and other supporting documents.**