



Standard Offer Program 2025 Field Data Collection Form

Insulation Only

Residential

Hard-to-Reach

Date: Customer ID #:

Project Sponsor: Phone:

Customer Name: Email Address:

Service address: Apt #:

City: Zip: County:

ESI ID: Meter #:

Home Phone: Cell/Work Phone:

Building Type: Single family detached Mobile home Duplex Apartment: Upper

Lower

Sq. Ft. (Conditioned Space):

Number of stories:

Middle

Number of occupants:

Number of bedrooms:

Heating type: Gas/Propane Electric Resistance Heat Pump Space heater qty:

Cooling type: Central AC Heat Pump Window Units Evaporative Cooling

Water Heating Type: Electric Gas/Propane

Gas Appliances: Yes No

Attic Insulation Project Sponsor affirms that an insulation installation certificate was permanently affixed near the attic opening

Insulation Type: None Loose-fill fiberglass Loose-fill cellulose

Loose-fill mineral fiber Fiberglass/rock wool batt

Sq. Ft. of ceiling to be insulated (above conditioned space): Number of bags installed:

Insulation Condition: Good Fair Poor

Base R-value of existing insulation: Pre install insulation depth ("):

Post installation R-value: Post install insulation depth ("):

Wall Insulation

Net wall area (gross wall area less window and door area), sq.ft.:

Construction Type: 2 X 4 2 X 6

Floor Insulation

Area above unconditioned space to be insulated, sq. ft.:

Home Type: Site built Manufactured

Notes: