Standard Offer Program
2026 Field Data Collection Form

Attic Encapsulation

☐ 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 ☐ Middle

Sq. Ft. *(Conditioned Space)*: _____ Number of stories: _____

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 Encapsulation:

Sq. Ft. of ceiling to be insulated *(above conditioned space)*: _____

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

Post installation R-value: _____ Post install insulation depth (“): _____

Do you wish to claim separate air infiltration savings for actions taken to seal the envelope of the home beyond the attic encapsulation?

Selecting yes will require that you complete a pre/post blower door test in order to claim savings through the air infiltration measure. Selecting no indicates that you wish to claim the deemed infiltration reduction savings available in the attic encapsulation measure.

☐ Yes ☐ No

Notes: