Standard Offer Program
2026 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 ☐ 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 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: