



LOMPOC CITY ELECTRIC CUSTOMER HOME ENERGY USE SURVEY

We will use the following information to construct a profile of your electric energy usage. A staff member will contact you upon receipt of survey. Please answer the following questions:

Customer Information

Date: _____

Name on Utility Account: _____

Street Address: _____

Telephone Number: _____

Email Address: _____

Household Information

How many people live in your home? _____ People

How many rooms are in your home (excluding bathrooms)? _____ Rooms

Your home is best described as a(n): _____ House

_____ Apartment

Square Footage of Home _____ _____ Mobile Home

_____ Duplex

_____ Condo

_____ Other

Heating

Your home is heated primarily by: _____ Gas _____ Electricity

Do you have a thermostat? _____ Yes _____ No

If you answered yes to the above questions, what is the typical temperature setting for your heating system during the following times:

Morning (6am – 12 noon) _____ F

Afternoon (12 noon – 6pm) _____ F

Evening (6pm – 10pm) _____ F

Night (10pm – 6am) _____ F

Cannot set exact temperature _____

Do you use any other heaters? _____ Yes _____ No

If you answered yes, please fill out the following:

Electric portable/space heater:

Number of heaters _____

Wattage of heater _____

Total hours of use per week _____

Heat lamp:

Number of heaters _____

Wattage of heater _____

Total hours in use per week _____

Water Heating

Is your water heater gas or electric? _____ Gas _____ Electric

If electric: How many water heaters do you have? _____ Water heaters
Is your water heater covered with a blanket? _____ Yes _____ No
Is your water heater less than 2 years old? _____ Yes _____ No

If electric: Please provide temperature of both thermostats (found by removing blue covers on body of heater.)

What temperature is the water heater thermometer set at?

	<u>#1</u>	<u>#2</u>
Low (110 – 120)	_____ F	_____ F
Medium (121 – 140)	_____ F	_____ F
High (141 – 160)	_____ F	_____ F
Very High (Above 161)	_____ F	_____ F

How many showers are taken in your house each week? _____ Showers _____ Minutes/shower
Do you use low-flow showerheads? _____ Yes _____ No _____ Unsure
How many baths are taken in your home each week? _____ Baths

Cooking

Is your combination cooktop/oven gas or electric? _____ Gas _____ Electric
If separate, is your cooktop gas or electric? _____ Gas _____ Electric
If separate, is your oven gas or electric? _____ Gas _____ Electric
If electric, how many hours per week do you use your cooktop? _____ Hours
If electric, how many hours per week do you use your oven? _____ Hours

Do you use a slow cooker? _____ Yes _____ No _____ Hours per week
Do you use a coffee maker? _____ Yes _____ No _____ Hours per week
Do you use a toaster oven? _____ Yes _____ No _____ Hours per week
Do you use a microwave oven? _____ Yes _____ No _____ Hours per week

Refrigerators and Freezers

Please fill out the following information for each refrigerator you own:

This information can help city staff determine if your refrigerator is eligible for rebates and provide a more accurate energy usage. If you cannot find this information, please call 875-8298 for assistance.

Brand: _____ Brand: _____
Serial Number: _____ Serial Number: _____
Model Number: _____ Model Number: _____

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Serial Number: _____ Serial Number: _____
Model Number: _____ Model Number: _____

Please fill out the following information for each freezer you own:

This information can help city staff determine if your freezer is eligible for rebates and provide a more accurate energy usage. If you cannot find this information, please call 875-8298 for assistance.

Brand: _____ Brand: _____
Serial Number: _____ Serial Number: _____
Model Number: _____ Model Number: _____

Dishwashers

Do you own a dishwasher? _____ Yes _____ No
If yes, how many loads are washed per week? _____ Loads
Is your dishwasher an Energy Star model? _____ Yes _____ No
Do you use the heat dry option? _____ Yes _____ No

Please fill out the following information for your dishwasher:

This information can help city staff determine if your dishwasher is eligible for rebates.

Brand: _____ Serial Number: _____

Clothes Washer & Dryer

Do you own a clothes washer? _____ Yes _____ No
Is your clothes washer an Energy Star model? _____ Yes _____ No
How many loads of laundry are washed per week in your home (on average) with:
Hot Water? _____
Warm Water? _____
Cold Water? _____

Do you own a clothes dryer? _____ Yes _____ No
If yes, is the clothes dryer gas or electric? _____ Gas _____ Electric
How many loads of laundry do you dry each week? _____ Loads

Entertainment

Please fill in the following table with the quantity of appliances and the total daily hours of operation:

Television	Quantity	Wattage	Hours per week
25" – 37" Tube	_____	_____	_____
Plasma	_____	_____	_____
LCD	_____	_____	_____
DLP	_____	_____	_____
LED	_____	_____	_____
Other	_____	_____	_____

Other Equipment	Quantity	Wattage	Hours per week
Satellite Receiver	_____	_____	_____
Cable Box	_____	_____	_____
Stereo	_____	_____	_____
Computer	_____	_____	_____
Monitor	_____	_____	_____
Printer	_____	_____	_____
Router (DSL)	_____	_____	_____
Video Game Player	_____	_____	_____
Other	_____	_____	_____

Miscellaneous

Do you own a fish tank? _____ Yes _____ No
 If yes, is it heated with a light or heater? _____ Light _____ Heater
 Wattage _____ Hours per week _____

Do you own a reptile aquarium? _____ Yes _____ No
 If yes, do you use a heat lamp? _____ Yes _____ No Hours per week _____
 Do you use hot rocks? _____ Yes _____ No Hours per week _____
 Wattage of heat lamp _____ Wattage of hot rocks _____

Do you use oxygen equipment? _____ Yes _____ No
 If yes, do you use a tank or compressor? _____ Tank _____ Compressor
 How often? Hours per week _____

Do you own an outdoor fountain? _____ Yes _____ No
 If yes, is it equipped with a pump? _____ Yes _____ No
 How often is it on? Hours per week _____
 Wattage of the pump? _____

Waterbeds

How many heated waterbeds do you have? _____ King Size
 _____ Queen Size
 _____ Twin Size
 What temperature is your waterbed set at? _____

Other Appliances

Please fill in the number of months each appliance is in operation as well as its daily hours of use:

	Number of Months	Wattage	Hours Per Day
Attic Fan	_____	_____	_____
Ceiling Fan	_____	_____	_____
Portable Fan	_____	_____	_____
Portable Air Conditioner	_____	_____	_____
Humidifier	_____	_____	_____
Dehumidifier	_____	_____	_____
Air Cleaner	_____	_____	_____

	Number of Months	Wattage	Hours Per Day
Electric blanket	_____	_____	_____
Spa Pump	_____	_____	_____
Spa Heater	_____	_____	_____
(Check heater type)	____gas ____electric	____solar	
Pool Pump	_____	_____	_____
Pool Heater	_____	_____	_____
(Check heater type)	____gas ____electric	____solar	

Miscellaneous Appliances

Please fill in the following information for other large electric equipment or appliances that you currently use in your home including office equipment or tools:

Equipment/Appliance	Wattage	Number of months in use	Hours of use per day

Lighting

Use the following table to give us information on any lights you use in your home more than **four hours per day**:

List Type of bulb: <ul style="list-style-type: none"> • Incandescent, • Compact Fluorescent • Strip Fluorescent • Halogen • Flood • LED 	Bulb Wattage	Number of bulbs	Hours of use per day

Additional Comments:

Please feel free to add any additional information that you feel we should know for this survey:

Do you have any suggestions on how the electric division can serve you better?

Do you want a free in-home audit that will discuss the electric usage of equipment and appliance list in this survey? yes no

Do you want a free in-home water audit? yes no

Please provide your daytime telephone number. _____

For questions about this survey or more information on energy or water conservation programs, please call 875-8298 or 875-8252.