



# 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: \_\_\_\_\_

Brand: \_\_\_\_\_ Brand: \_\_\_\_\_  
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"> <li>• Incandescent,</li> <li>• Compact Fluorescent</li> <li>• Strip Fluorescent</li> <li>• Halogen</li> <li>• Flood</li> <li>• LED</li> </ul>	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.**