

# RESIDENTIAL HIGH BILL SURVEY

**You are the only one who knows how electricity is used in your home.** Everyone has different households, different habits, different equipment, and different preferences. The weather and temperatures also have a big effect on energy bills. Electricity enters your home through your electric meter, where it is used after that point, can only be determined by you. If you think that your usage is high, we may be able to ascertain if a possible problem may exist with your equipment/appliances. The amps used by your equipment and the kWh that is used hourly can be recorded. After evaluating the recording based on the information you provide on this survey, we may be able to suggest what possible problems (if any) you may have. This recording cannot tell if you may have had a problem prior to the recording period or give an accurate usages for heating and cooling appliances when there has been a change in the weather (example: your high bill for electric heating was for a time when the daytime temperatures were 25 degrees, but the recording period is when the daytime temperatures are in the 50's). Before we can install a recorder, this survey must be completed.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

## HEATING INFORMATION

### Fuel Source? Please circle all that apply.

Electric  
Natural gas/propane  
Oil  
Other (Wood, etc.) \_\_\_\_\_

### Type of heat? ---- circle all that apply

Heat pump      Forced air      Radiators  
Baseboard hot water      Geothermal  
Electric strip heaters – How many? \_\_\_\_\_  
Other \_\_\_\_\_

Answer the questions below only if you have electric heat and you are questioning a winter bill. Circle the appropriate answers and fill in the blanks.

If you have forced air heat, when was the last time the filter was changed? \_\_\_\_\_

Did you have your heater serviced this year before the heating season began? **Yes**    **No**

What temperature is your thermostat set at? \_\_\_\_\_

Have you checked the accuracy of your thermostat? **Yes**    **No**

Is the thermostat level? **Yes**      **No**

If you have a heat pump, has the auxiliary heat light come on? **Yes**    **No**

Have you noticed your circulation fan/pump coming on frequently? **Yes**    **No**

Do you turn your thermostat down at night? **Yes No** If yes, to what temperature? \_\_\_\_\_

Do you lower the thermostat when you leave the house? **Yes No**

If yes, to what temperature? \_\_\_\_\_

Have you used any small electric heaters? **Yes No**

If yes, how many and how long \_\_\_\_\_

Do you close your shades, blinds, drapes at night? **Yes No**

Do you sleep with a window open? **Yes No**

Are all unused spaces closed off? **Yes No**

Do you have storm doors and storm windows? **Yes No**

Are your walls and attic insulated? **Yes No**

Are your doors and windows caulked/weather stripped? **Yes No**

Have you noticed any drafts> **Yes No**

## ***AIR CONDITIONING INFORMATION -***

***Only fill in this section if you have a high summer bill***

**Type of air conditioning – please circle all that apply –**

Heat pump - Central AC - Geothermal

Window units If window units, how many? \_\_\_\_\_ 120v \_\_\_\_\_ 240v

**Circle the appropriate answers and fill in all blanks.**

Have you changed/cleaned the filters this season? **Yes No**

Have you cleaned the coils? **Yes No**

What temperature is the thermostat set at? \_\_\_\_\_

Have you checked the accuracy of the thermostat? **Yes No**

Is the thermostat level? **Yes No**

Do you turn your AC down at night? **Yes No** If yes, to what temperature? \_\_\_\_\_

Do you raise the thermostat when you leave the house? **Yes No**

If yes, to what temperature? \_\_\_\_\_

Do you close your shades, blinds, drapes during the day? **Yes No**

Do you have all unused spaces closed off? **Yes No**

Do you have storm windows and storm doors? **Yes No**

Have you noticed any drafts? **Yes No**

## ***WATER HEATER*** - *answer only if you have an electric water heater*

*Please circle the appropriate answers and fill in the blanks.*

What size electric water heater do you have? - 30 gallon 40 gallon 50 gallon Larger

How old is the water heater? \_\_\_\_\_ years.

What temperature is the water heater set at? - 100 120 140 160 180 hotter

Do you have any dripping faucets? **Yes No**

The water heater is located closer to the - kitchen or bathroom

Does cold water have to be mixed with the hot water before you can put your hand under the faucet? **Yes No**

Are you using water saving showerheads? **Yes No**

Do you leave the water running when shaving or washing in the sink? **Yes No**

What temperature water do you wash your clothes in? **Cold Warm Hot**

Are the hot water lines insulated? **Yes No**

Do you have an insulation jacket on the water heater? **Yes No**

Have you drained your water heater recently to clean out the sediments that accumulate? **Yes No**

## ***MISC EQUIPMENT*** - *please circle the appropriate answers and fill in the blanks.*

Do you have a fireplace? **Yes No**

If yes, does it have? Decorative logs - gas logs for heat - wood burning

If yes, is it open or do you have glass doors? **Open Glass Doors**

Does it have a circulating fan? **Yes No**

Do you have an electric dryer? **Yes No**

If yes, how many dryer loads a week? \_\_\_\_\_

How long for each load? \_\_\_\_\_

Do you have an electric range? **Yes No**

Do you ever use the oven for heat? **Yes No**

How many refrigerators do you have? \_\_\_\_\_ What size(s)? \_\_\_\_\_ Auto defrost **Yes No**

How many freezers do you have? \_\_\_\_\_ What size(s)? \_\_\_\_\_ Auto defrost **Yes No**

Do you have a dehumidifier? **Yes No**

Do you have a humidifier? **Yes No**

Do you have a sump pump? **Yes No**

Do you use any heat tapes? **Yes No**

Do you have a water bed heater? **Yes No**

Do you use any trickle chargers? **Yes No**

Do you have an instant on TV? **Yes No**

Do you have ceiling fans? **Yes No** If Yes, how many \_\_\_\_\_

Do you have a swimming pool? **Yes No**

If Yes, how many hours do you run the filter? \_\_\_\_\_

Do you have any lights that are on all the time? **Yes No**

If Yes, where are they located? \_\_\_\_\_

Do you mostly use incandescent or fluorescent bulbs?

**Incandescent fluorescent mixed**

If you have a computer, do you leave it on all the time? **Yes No**

Do you have a printer/scanner that you leave on all the time? **Yes No**

**Please list any other equipment not listed above or other information that would help us evaluate your electric usage during the recording period.**

**Is your kWh usage higher than it was the same month last year? Yes No**

**Has the weather been the same as the previous month? Yes No**

**Have you purchased any new equipment since your last bill? Yes No**

**Do you operate any medical equipment on a regular basis? Yes No**

**Why do you feel your electric bill is high or in some way incorrect?**