

## Site Information

New  Retrofit

Page 1 of \_\_\_\_\_

Site Name	
Customer Contact Name	Est. Total kW Shift
Customer Contact Phone	Est. Total Eligible Rebate
Customer Contact E-Mail	Simple Payback-- if available

Climate Zone: To look up your climate zone visit:  
[www.energy.ca.gov/maps/climate\\_zone\\_map.html](http://www.energy.ca.gov/maps/climate_zone_map.html)

- |                            |                            |                             |                             |
|----------------------------|----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9  | <input type="checkbox"/> 13 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 6 | <input type="checkbox"/> 10 | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 11 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 8 | <input type="checkbox"/> 12 | <input type="checkbox"/> 16 |

### Service Address

Street Number	Street Name	Unit No.	Street Suffix
City	State	Zip Code	Zip Code Extension
SCE Account Number	Utility Rate	Electric	

### Feasibility Author

Contact Name #1	Contact Phone	Contact E-Mail
Contact Name #2	Contact Phone	Contact E-Mail

### Engineer of Record

Engineer Name	Engineer Phone	Engineer E-Mail
Engineer Address		

Notes / Added Project Description:

#### FILLING OUT FORMS FOR MULTIPLE LOCATIONS:

If you are a customer with multiple site locations, please be sure to fill out a separate form for each location. Please rename each form's file name with the name of the location or an abbreviated version if you are sending each PDF back by E-mail.

#### CUSTOMER SERVICE CENTER

380 N. San Jacinto St. | Suite 202 | Hemet, CA 92545  
 Voice 1.877.811.8700 | Fax 1.877.811.5177  
[support@support.com](mailto:support@support.com)



C Y P R E S S L T D

## Site Information

Site Name	
Building Name	Facility Type (office, school, industrial, etc)
Cooling Load Type (space, process, etc)	Summer Maximum Cooling Load in Tons

### Type of equipment being shifted using TES

Equipment			
Manufacturer	Model No.	Other info	
		Total Capacity (Tons)	Est. Max Peak Demand (kW) shifted
Total kW of equipment being replaced	Single or Three Phase?	Voltage	
Install Year	kW per ton	RLA	
<p>Note: For calculating demand reduction: For existing equipment we will use actual electrical full load demand of existing equipment. For new installations, use existing kW per ton rating of minimally compliant technology per T24 standards.</p>			

### New equipment

Manufacturer		New Chiller Model Number	New Chiller Capacity (Tons)
Est. Install Date	Est. Project Cost	TES System Type (i.e., ice on coil, encapsulated ice, etc.)	
<b>Electrical Auxiliary Loads:</b> Any loads associated with the new system that are to be deducted from total kW demand reduction. Does not include fan loads and pumps of distribution system or condenser pumps / fan loads that are common to both old and new systems unless it is additional load necessary for the new system.		Load	Tank Capacity (Gal)
		Load	Tank Capacity (Ton Hours)

### Operating

Months of Operation (period of peak shift) During Peak Season

May
  June
  July
  August
  September
  October

### Days of the Week Operation

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start: _____	Start: _____	Start: _____	Start: _____	Start: _____	Start: _____	Start: _____
Stop: _____	Stop: _____	Stop: _____	Stop: _____	Stop: _____	Stop: _____	Stop: _____

### Installation Verification

I certify that the information listed in this form represents the equipment "as installed" with no changes that will affect electrical peak load reduction.

The information listed in this form is not installed as is, please see addendum. submitted with this form.

Name of person certifying installation: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

