

## **High Bill Site Visit Application**

Account Holder Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Please confirm you have completed the following:

Step 1: Understanding your EWEB Bill
Step 2: Diagnosing your High Bill
Step 3: Data Collection & Self-Testing.

Please provide the following information to better help your energy management specialist assist you with resolving your high bill.

What is your primary heating fuel and system type?

How often is your heating system turned on?

What is the average thermostat setting?

How many people are living in the home?

Are there any additional heating source(s)?

Is there any additional information?

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