



5201 Capitol Blvd. #201
Tumwater, WA 98501
360-357-9973 Voice
360-754-7737 Fax

SOLAR ENERGY CUSTOMER QUESTIONNAIRE

If you would like a solar assessment of your home or business (including approximate cost), please complete this questionnaire to the best of your knowledge.

Contact Information

Name: _____ Date: _____

Address: _____

Address (where system will be installed, if different than above):

Home Phone: _____ Other Phone: _____

Email Address: _____

General Questions

Who is your electric company: _____

This system is for a: Home Business Other _____

Your role: Owner Builder Other _____

Your reason for a Solar Energy System:

- Clean Energy Energy independence
- Hedge against higher energy prices Reliable energy
- Other _____

Are you interested in a grid-tied photovoltaic (solar electric) system? Yes No

Are you interested in a back up power system (UPS)? Yes No

Any additional comments _____

Determining Your Current Energy Use

Do you use gas? Yes No If so what for: _____
How much do you use? Winter month _____ Summer month _____

Electricity Use- Preferred Method (most accurate)

Find your monthly electricity usage for each of the last 12 months (labeled KWH on your bill)

Total the 12 monthly usage figures to find your total annual usage. This is also available as a report from your electric company. Total Annual KWH usage: _____

Electricity Use- Alternative Method

Find the monthly usage for 2 or more months (labeled KWH on your bill). If possible select one month from each season.

Spring _____ Summer _____ Fall _____ Winter _____

Determining Your Solar Array Location

Solar panels can be installed on a roof, trellis, on a pole or a ground-mounted rack.

Where would you like to mount the panels?

- Roof Top of Pole Tracker (single axis) Ground mount
 Power-Shed Garage Awning Side of Pole

If on the roof, what type of roof do you have? _____

If you prefer a roof-mounted system, please answer the following:

Is there an area(s) on your roof that is exposed to the sun most of the day? Yes No

Approximate orientation of exposed roof area(s) (Circle one or more)

- East Southeast South Southwest West Other _____

What is the approximate square footage of exposed roof area? _____

Type of roof: Composite Tar & Gravel Rubber Wood shake
 Tin Tile Other _____

Approximate age of roof: _____

Number of stories on building: _____

General condition of roof: _____

Approximate slope of roof area: Flat 3:12(14 degrees) 4:12 (18 degrees)
 6:12 (27 degrees) 8:12 (33 degrees) 12:12 (45 degrees)
 Other: _____

Getting Started

Approximately when would you want your system installed?

Now Within 3 months Within 6 months Within a year Not sure

Would you like assistance in obtaining financing? Yes No

Please indicate the best time to contact you: _____

Comments: