



FLEXTech REFERRAL FOR FARM AUDIT

Date: _____

Farm Name: _____

Owner Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____

Contact Person: _____

Title: _____

Phone: _____

Fax: _____ E-mail: _____

Electric Utility: _____ Electric Account #: _____

Gas Utility: _____

Total Annual Energy Costs: _____

Annual Cost by Source: _____

Electricity: _____

Natural Gas: _____

Description of Needs, Potential Energy Conservation Measures, or Assistance Requested:

Signature _____

Available on-line at agriculture.nyserda.org or fax to Mary Sauvie at 518-862-1091
or e-mail to: mks@nyserda.org