

Montana Residential Energy Assessment Application



Fill in all the fields below completely.

(Rev. 03/20)

Customer Information			
Customer Name:		MDU Account No:	
E-mail Address:			
Residence Address:	City	State	Zip
Mailing Address (If Different):	City	State	Zip
Home Phone:	Daytime Phone:		
Rental Property: <input type="checkbox"/> Yes <input type="checkbox"/> No	If rental, name of owner:		
Number of people in household:	Owner's Address:		
Dwelling Type: <input type="checkbox"/> Single Family <input type="checkbox"/> Duplex <input type="checkbox"/> Townhouse/Condo <input type="checkbox"/> Other			
Size of Home (Sq Ft):	Year home was built:		

Energy Assessment Information – Attach a copy of the audit report

In order to qualify for a Residential Energy Assessment, the above listed residence must be served with natural gas from Montana-Dakota Utilities Co. (Montana-Dakota) under Residential Gas Service Rate 60 and the primary heating source for the residence must be natural gas.

I wish to have an energy assessment performed on my home. I understand that Montana-Dakota has a limited number of audits available in my community and audits are granted on a first come first served basis. The audit will be performed by a state certified auditor contracted by Montana-Dakota.

Upon receipt of the application it will be determined if there are assessments available in your community. You will be notified whether or not an audit will be performed on your home. If you are selected to have an audit performed, the contractor will contact you to schedule the audit. By signing below, I give Montana-Dakota permission to provide one year of natural gas and/or electric usage information to the contractor.

I would like an Energy Assessment performed on my home. I understand that Montana-Dakota will bill me \$50 for the Energy Assessment upon completion.

Customer Signature:	Date:
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Send Completed Application to:
Montana-Dakota Utilities Co.
Attn: Energy Programs
400 North 4th Street
Bismarck, ND 58501

For Montana-Dakota Internal Use Only

Date Audit Form Received _____ Cost of Audit: _____

Approved by _____ Date _____ Acct Dist. 73102.5731.29080.216837