



P.O. Box 880
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High Bill Questionnaire

Date _____ Name _____ Map # _____

Best time to contact/make site visit _____ Home Phone _____

Work Phone _____ Size of Family _____ Laundry (Dryer loads per week) _____

Heat Source _____ Electric _____ Gas _____ Propane _____ Heat Pump _____ Geothermal _____

Central Air _____ Number of Units _____ Avg. Therm. Setting _____ Age of System _____

Window A/C _____ Number of Units _____ Average Daily Usage _____

Recent Home Improvements/Additions _____

Hot Water Heater: Gas _____ Electric _____ Size _____ Age _____ How Many? _____

Recent Appliance Purchases _____

Changes in Lifestyle _____

Description of Home (square footage, age, style, insulation) _____

Electrical Equipment: Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Dehumidifier | <input type="checkbox"/> Refrigerator in Garage (How old? ___ yrs) |
| <input type="checkbox"/> Livestock Tank | <input type="checkbox"/> Freezer (cubic feet ___) |
| <input type="checkbox"/> Out Buildings | <input type="checkbox"/> Ceiling Fans (# ___ Avg. usage ___ hrs) |
| <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Oxygen/Medical Equip. |
| <input type="checkbox"/> Misc. Pumps Deep Well Sump | <input type="checkbox"/> Space Heaters (Avg. daily usage ___ hrs) |
| <input type="checkbox"/> Metered Outside Lighting | <input type="checkbox"/> Wiring: Underground Overhead |
| <input type="checkbox"/> Septic Aeration System | <input type="checkbox"/> Satellite System # of Receivers _____ |
| <input type="checkbox"/> Computer-Always On? ___ Yes ___ No | <input type="checkbox"/> Block Heaters |

Notes: _____

Follow up Required? Yes or No Explain: _____

