

SECTION G: BUILDING SERVICE COMPANY CONTACT INFORMATION

G1: If you responded “Building Service Company” to Questions B7, C5, D11, E7, F2a OR F3 then please fill in the following information for Building Service Company.

Name of contact person: _____
Title of contact person: _____
Name of Building Service company: _____
Telephone Number: [____]-[____]-[____] ext.: [____] Fax number: [____]-[____]-[____]
Name of building (if applicable): _ _____
Civic Number: _____ Street: _____
Suite: _____ City: _____ Province: _____
Postal Code: [____]-[____]

G2: If you responded “Another Contact” to Questions B7, C5, D11 OR E7 then please fill in the following information for the other contact person.

Name of contact person: _____
Title of contact person: _____
Telephone Number: [____]-[____]-[____] ext.: [____] Fax number: [____]-[____]-[____]
Name of building (if applicable): _ _____
Civic Number: _____ Street: _____
Suite: _____ City: _____ Province: _____
Postal Code: [____]-[____]

SECTION H: END OF SURVEY AND COMMENTS

You have now completed the questionnaire.

Please make sure you have, if applicable:

- completed the Form listing tenants in charge of their own energy bills;**
- completed all release and authorisation forms indicated in Section F;**
- completed all energy consumption tables indicated in Section F;**
- provided all copies of energy bills;**
- attached all the above documents to the questionnaire.**

Do you have any comments on the survey?

Thank you for your participation.