



Smart Home Application

Pre-Inspection Date _____

Post-Inspection Date _____

Customer Name _____

BTU Account Number _____

Phone Number _____ Email Address _____

Physical Address _____

Measure(s) to be Taken (please check all that apply)

Attic Insulation

Existing R-Value or Inches Measured _____ Existing Insulation Type _____

New Square Feet Installed _____ New Type Installed _____

Final R-Value _____

Wall Insulation

Square Feet Installed _____

Windows

Square Feet Installed _____

Solar Screens

Square Feet Installed _____

Please select one of the following:

Contractor-installed

Self-installed

If contractor-installed, please provide the following:

Contractor Name _____ Phone Number _____

Contractor Address _____

Customer Signature _____

Date _____