



2009 RECS Propane (Bottled Gas or LPG) Usage Form

Delivery Address:

[Empty box for Delivery Address]

Account Number:

[Empty box for Account Number]

Please provide information on propane usage for this housing unit between September 2008 and April 2010.

Delivery Number	Enter the Delivery Date for each delivery MM/DD/YY	Type of Fuel Sold was: P=Propane B=Butane O=Other (select one)			Select the Unit of Measure <input type="checkbox"/> Pounds <input type="checkbox"/> Cubic Meters <input type="checkbox"/> Gallons <input type="checkbox"/> Decitherms <input type="checkbox"/> Cubic Feet <input type="checkbox"/> Other (Specify) Enter Amount Delivered XXXX	Enter the Price per Unit of Measure \$ X.XX	Enter the Total Dollar Amount including taxes [Exclude late fees, merchandise, repairs, and service charges] \$ XXX.XX
		P	B	O			
1						\$	\$
2						\$	\$
3						\$	\$
4						\$	\$
5						\$	\$
6						\$	\$
7						\$	\$
8						\$	\$
9						\$	\$
10						\$	\$
11						\$	\$
12						\$	\$
13						\$	\$
14						\$	\$
15						\$	\$
16						\$	\$
17						\$	\$
18						\$	\$
19						\$	\$
20						\$	\$

[Empty box at the bottom of the page]





2009 RECS Propane (Bottled Gas or LPG) Usage Form

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Delivery Information

1. If Type of Fuel Sold on page 1 was "O = Other", enter the specific type of fuel below. If a mixture of fuels was sold, enter the types of fuel and proportion of each. Leave blank if not applicable.

[Empty text box for fuel type]

2. What is the maximum capacity in gallons of fuel that can be stored in the storage tank(s) at this address? Enter the capacity for the two largest tanks in the boxes below. Leave blank if not known.

Tank 1 Capacity [] Gallons Tank 2 Capacity [] Gallons

3. What was the source of information about deliveries to this address? Check all that apply.

- From company records
An estimate made by a company representative
Information secured from the customer

Account Information

4. Was this household your customer as of January 1, 2009?

Yes [] No []

a. If no, when did this household become a customer of your company?

Date: MM/DD/YY []/[]/[]

5. Is this household currently your customer?

Yes [] No []

a. If no, when did this household stop receiving deliveries?

Date: MM/DD/YY []/[]/[]

Comments

[Comments text area]

[Empty box]





2009 RECS Electricity Usage Form

Service address:

Account Number:

Please provide information on electricity usage for this service address between
September 2008 and April 2010.

Billing Period	Enter the End Date for each billing period MM/DD/YY	Enter the Amount used in kWh XXXX	kWh were:			Enter the Total Dollar Amount including taxes [Exclude late fees, merchandise, repairs, and service charges] \$ XXX.XX	Electricity was:		
			A=Actual E=Estimated R=Read by Customer (select one) A E R	B=Both Sold and Delivered S=Sold Only D=Delivered Only (select one) B S D					
1	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments





Independent Statistics & Analysis

U.S. Energy Information Administration

Form EIA 457F
OMB No. 1905-0092 Expires

2009 RECS Natural Gas Usage Form

Service address:

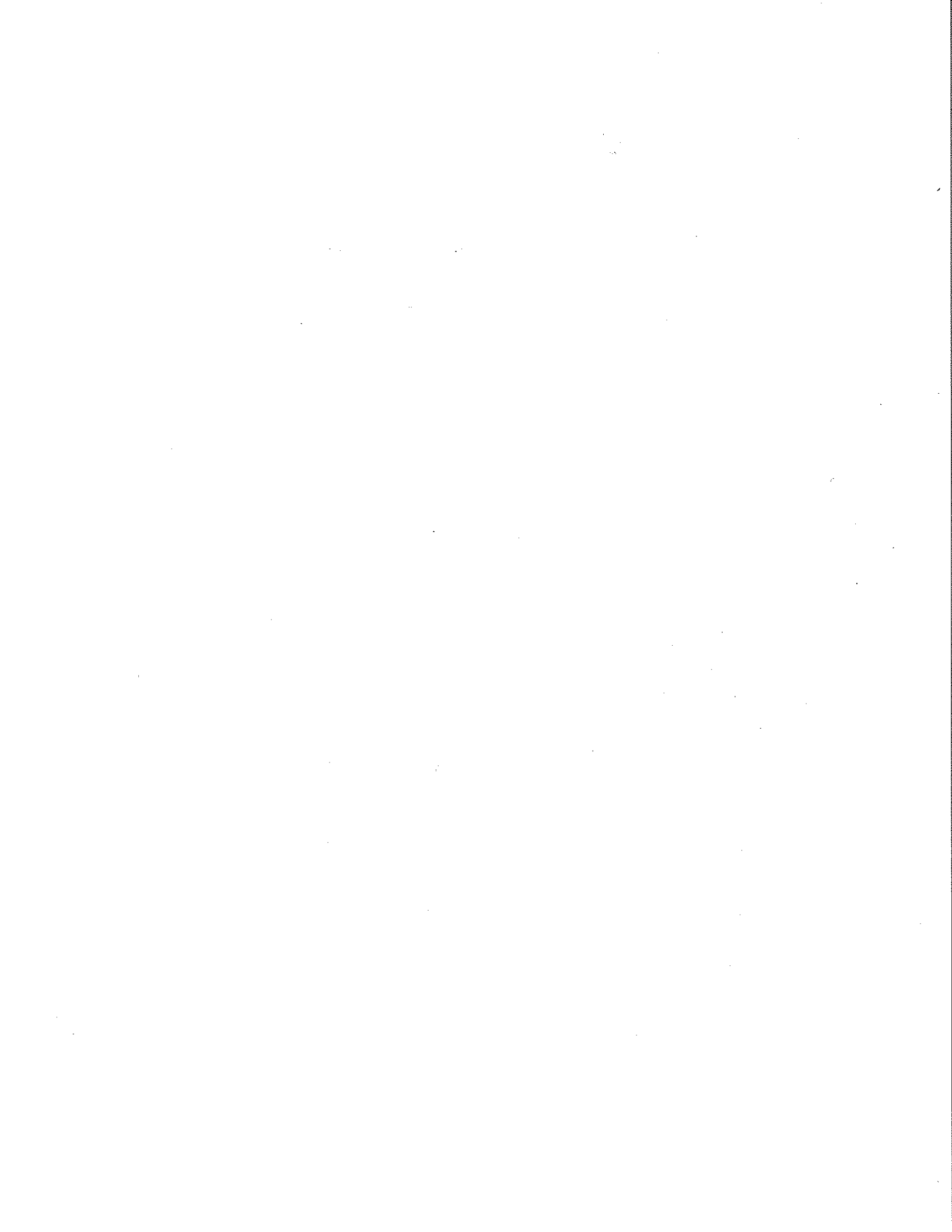
Account Number:

Please provide information on natural gas usage for this service address between
September 2008 and *April 2010*.

Billing Period	Enter End Date for each billing period MM/DD/YY	Select the Unit of Measure <input type="checkbox"/> Therms <input type="checkbox"/> Cubic feet (CF) <input type="checkbox"/> Hundreds of CF (CCF) <input type="checkbox"/> Thousands of CF (MCF) <input type="checkbox"/> Other (Specify) Enter Amount Used this period XXX.X	Amount used was:			Enter the Total Dollar Amount including taxes [Exclude late fees, merchandise, repairs, and service charges] \$ XXX.XX	Natural Gas was:		
			A=Actual	E=Estimated	R=Read by Customer		B=Both Sold and Delivered	S=Sold Only	D=Delivered Only
			(select one) A	E	R		(select one) B	S	D
1	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments







2009 RECS Fuel Oil and Kerosene Usage Form

Delivery Address:

Account Number:

Please provide information on fuel oil usage for this delivery address between
 September 2006 and April 2010.

Delivery Number	Enter the Delivery Date for each delivery MM/DD/YY	Type of Fuel Sold was: 1=Fuel Oil #1 2=Fuel Oil #2 3=Kerosene 4=Other (select one)				Enter the Amount Delivered in Gallons XXXX	Enter the Price per Gallon \$ X.XX	Enter the Total Dollar Amount including taxes [Exclude late fees, merchandise, repairs, and service charges] \$ XXX.XX
		1	2	3	4			
1	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
2	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
3	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
4	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
5	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
6	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
7	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
8	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
9	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
10	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
11	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
12	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
13	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
14	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
15	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
16	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
17	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
18	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
19	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
20	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$





2009 RECS Fuel Oil and Kerosene Usage Form

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Delivery Information

1. If *Type of Fuel Sold* on page 1 was "4 = Other", enter the specific type of fuel below. If a mixture of fuels was sold, enter the types of fuel and proportion of each. Leave blank if not applicable.

2. What is the maximum capacity in gallons of fuel that can be stored in the storage tank(s) at this address? Enter the capacity for the two largest tanks in the boxes below. Leave blank if not known.

Tank 1 Capacity	Tank 2 Capacity
<div style="border: 1px solid black; width: 100px; height: 20px;"></div> Gallons	<div style="border: 1px solid black; width: 100px; height: 20px;"></div> Gallons

3. What was the source of information about deliveries to this address? Check all that apply.

- From company records
- An estimate made by a company representative
- Information secured from the customer

Account Information

4. Was this household your customer as of January 1, 2009?

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Yes No

a. If no, when did this household become a customer of your company?

Date:	MM/DD/YY
	<div style="display: flex; justify-content: space-around;"> <input type="text"/> <input type="text"/> <input type="text"/> </div>

5. Is this household currently your customer?

Yes No

a. If no, when did this household stop receiving deliveries?

Date:	MM/DD/YY
	<div style="display: flex; justify-content: space-around;"> <input type="text"/> <input type="text"/> <input type="text"/> </div>

Comments

