



Building Natural Gas Usage Form

2003 Commercial Buildings Energy Consumption Survey (CBECS)

- 1. Timely submission of this report is mandatory under Public Law 93-275, as amended.**
 - 2. This completed questionnaire is due by**
 - 3. Data reported on this questionnaire are for the *entire building* identified in the label to the right.**
 - 4. Data may be submitted directly on this questionnaire or in any other format, such as a computer-generated listing, which provides the same information and is convenient for your company.**
 - a. You may submit a single report for the entire building, or if it is easier, a separate report for each of several accounts in the building. These will then be aggregated by the survey contractor.**
 - b. If you are concerned about your individual account information, you may choose to mark out account numbers on any computer-generated listing that you send us; however, write the CBECS building identification number (indicated in the label above) on your listing.**
 - c. Whatever format is used to report, ensure that answers are provided for all pertinent questions.**
 - 5. If you have any specific questions concerning this questionnaire, please contact the CBECS Supplier Survey Specialist (toll free) at 1-888-433-8348. For general information about the survey, visit our Web site at <http://www.eia.doe.gov/emeu/cbeecs>.**
 - 6. Please use the enclosed self-addressed, postage-paid envelope to return the completed questionnaire or mail it to:**

Commercial Buildings Energy Consumption Survey **or FAX to:** **1-888-634-7549**

c/o Westat
15810 Gaither Drive, Room G9-212
Gaithersburg, MD 20877

This report is mandatory under Public Law 93-275, as amended. The timely submission of Form EIA-871C by those required to report is mandatory under Section 13(b) of the Federal Energy Administration Act of 1974 (Public Law 93-275), as amended. Failure to respond may result in criminal fines, civil penalties, and other sanctions as provided by law. Per the Paperwork Reduction Act of 1995, you are not required to respond to any Federally-sponsored collection of information unless it displays a valid OMB Approval Number. The valid OMB Approval Number for this information collection (1905-0145) is displayed at the lower left hand corner of this page. **Title 18 U.S.C. 1001** makes it a criminal offense for any person knowingly and willingly to make to any Agency or Department of the United States any false, fictitious, or fraudulent statements as to any matter within its jurisdiction.

Confidentiality: Under the Confidential Information Protection and Statistical Efficiency Act of 2002 (P.L. 107-347) any information collected that will permit identification of respondents or their buildings will be confidential and used only for statistical purposes. Data that can be identified with individual respondents will not be publicly disclosed or released.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time of reviewing instructions, searching existing data records, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Energy Information Administration, Statistics and Methods Group, EI-70, Washington, DC 20585-0670, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

General Instructions

1. The sections of the questionnaire you must complete depend on your answer to Question #1, as to whether you deliver and/or sell natural gas to the building identified in the label on the front page of this questionnaire:

| | |
|---|--|
| If you <u>only deliver</u> natural gas to the building → | Complete Section A, Questions 2 through 5 and Section C, Questions 17 through 20. |
| If you both deliver <u>and</u> sell natural gas to the building → | Complete Section A, Questions 2 through 11 and Section C, Questions 17 through 20. |
| If you only sell (but not deliver) natural gas to the building → | Complete Section B, Questions 12 through 16, and Section C, Questions 17 through 20. |

2. All information reported on this questionnaire should be for the entire building as identified in the label on the front page of this questionnaire.
3. Round all dollar amounts to the nearest dollar.
4. We are requesting figures for August 1, 2002 through December 31, 2003 throughout the questionnaire. However, if it is easier for you to report monthly figures, you may use the optional Worksheets at the end of the questionnaire.

Building Natural Gas Usage

| | | |
|-----------|--|--|
| 1. | <p>Did your company deliver natural gas to the building during the period from August 1, 2002 through December 31, 2003?</p> <p>“The building” referred to in this question and following questions, is the building identified in the label on the front page of this questionnaire.</p> | <input type="checkbox"/> Yes, delivered gas to the building → Go to Question 2, Section A, this page <input type="checkbox"/> No, only sold gas to the building → Go to Question 12, Section B, Page 6. |
|-----------|--|--|

Section A: Natural Gas Deliveries

| | | |
|-----------|---|--|
| 2. | <p>Questions 3 through 5 ask for the total deliveries and costs for natural gas delivered to the building identified in the label on the front page of this questionnaire, as well as the reporting period for the information.</p> <p>If it is easier for you to list deliveries by month, you may use Worksheet #1 on Page 10 to report monthly, otherwise, go to Question 3 to enter total figures.</p> | |
| 3. | <p>Enter the total quantity (and indicate units) of natural gas delivered by your company to the building during the period from August 1, 2002 through December 31, 2003.</p> <p>Include all natural gas delivered to the building, whether bought from you or someone else.</p> <p>The total to be reported is the sum of all the natural gas delivered to all separately billed customers in the building during the period from August 1, 2002 through December 31, 2003.</p> <p>The total should include:</p> <ul style="list-style-type: none"> --former customers who were in the building during the reporting period, and --all customers or accounts in the building, whether commercial or noncommercial. | <div style="text-align: right; margin-bottom: 10px;"> <input type="text"/> Total Deliveries (volume) </div> <div style="display: flex; justify-content: space-between;"> <div style="flex: 1;"> <input type="checkbox"/> Therms <input type="checkbox"/> Cubic feet (cf) <input type="checkbox"/> 100 cubic ft (Ccf) <input type="checkbox"/> 1,000 cubic ft (Mcf) <input type="checkbox"/> Dekatherms <input type="checkbox"/> Other, specify <hr/> </div> </div> |
| 4. | <p>Please enter the starting and ending dates of the reporting period for the natural gas deliveries reported in Question 3.</p> | <p>Starting Date: <input type="text"/> Mo/Day/Yr</p> <p>Ending Date: <input type="text"/> Mo/Day/Yr</p> |

Building Natural Gas Usage

Section A: Natural Gas Deliveries, cont.

| | | |
|-----------|--|--|
| 5. | <p>Enter the total cost for the natural gas deliveries reported in Question 3.</p> <p>Include State and local taxes and fuel adjustment charges, system charges (minimum bill or base charge), delivery charges, management fees, transportation fees, and storage fees.</p> <p>Exclude merchandise, repair or service (hookup or disconnect fees, late payment fees, etc.) and any other charges not specifically mentioned in the "Include" list.</p> | <input style="width: 100%; height: 20px; border: 1px solid black; margin-bottom: 5px;" type="text"/> \$ U.S. Dollars Round amounts to the nearest dollar. |
| 6. | <p>Was all of the natural gas delivered to the building during the period from August 1, 2002 through December 31, 2003, sold by your company?</p> | <input type="checkbox"/> Yes → Go to Question 17, Section C, Page 8. <input type="checkbox"/> No, some or all natural gas was sold by another company → Go to Question 7 |
| 7. | <p>Questions 8 through 11 ask for the total sales and costs for natural gas sold to the building identified in the label on the front page of this questionnaire, as well as the reporting period for the information.</p> <p>If it is easier for you to list sales by month, you may use Worksheet #2 on Page 11 to report monthly, otherwise go to Question 8 to report total figures.</p> | |
| 8. | <p>Enter the total quantity (and indicate units) of natural gas sold by another company (but delivered by your company) to the building during the period from August 1, 2002 through December 31, 2003.</p> <p>Note: The total natural gas deliveries reported in Question 3 should include this amount.</p> | <input style="width: 100%; height: 20px; border: 1px solid black; margin-bottom: 5px;" type="text"/> Total Sales (volume) <input type="checkbox"/> Therms <input type="checkbox"/> Cubic feet (cf) <input type="checkbox"/> 100 cubic ft (Ccf) <input type="checkbox"/> 1,000 cubic ft (Mcf) <input type="checkbox"/> Dekatherms <input type="checkbox"/> Other, specify <hr style="width: 100px; margin-left: auto; margin-right: 0;"/> |

Building Natural Gas Usage

Section A: Natural Gas Deliveries, cont.

| | | |
|------------|--|---|
| 9. | <p>Please enter the starting and ending dates of the reporting period for the natural gas sales reported in Question 8.</p> | <p>Starting Date:</p> <div style="border: 1px solid black; width: 100%; height: 1.2em; margin-bottom: 5px;"></div> <p style="text-align: center;">Mo/Day/Yr</p> <p>Ending Date:</p> <div style="border: 1px solid black; width: 100%; height: 1.2em; margin-top: 5px;"></div> <p style="text-align: center;">Mo/Day/Yr</p> |
| 10. | <p>Enter the total cost for the natural gas sales reported in Question 8.</p> <p>Include State and local taxes and fuel adjustment charges, system charges (minimum bill or base charge), delivery charges, management fees, transportation fees, and storage fees.</p> <p>Exclude merchandise, repair or service (hookup or disconnect fees, late payment fees, etc.) and any other charges not specifically mentioned in the "Include" list.</p> <p>Note: The total deliveries costs reported in Question 5 should include these costs.</p> | <div style="border: 1px solid black; width: 1.2em; height: 1.2em; float: left; margin-right: 5px;"></div> <p style="margin: 0;">\$</p> <p style="text-align: center;">U.S. Dollars</p> <p style="text-align: right; margin-top: -20px;">Round amounts to the nearest dollar.</p> |
| 11. | <p>What charges are included in the cost reported in Question 10?</p> <p>(Check all that apply)</p> | <p><input type="checkbox"/> Commodity costs</p> <p><input type="checkbox"/> Delivery charges</p> <p><input type="checkbox"/> Management, Processing, Handling or Broker fees</p> <p><input type="checkbox"/> Storage charges</p> <p><input type="checkbox"/> Taxes</p> <p><input type="checkbox"/> Other, specify <hr/></p> |

**Go to Question 17, Section C, Page 8.
[Do not complete Section B.]**

Building Natural Gas Usage

Section B: Natural Gas Sales

| | | |
|-----|--|--|
| 12. | <p>Questions 13 through 16 ask for the total sales and costs for natural gas sold to the building identified in the label on the front page of this questionnaire, as well as the reporting period for the information.</p> <p>If it is easier for you to list sales by month, you may use Worksheet #2 on Page 11 to report monthly, otherwise go to Question 13 to report total figures.</p> | |
| 13. | Enter the total quantity (and indicate units) of natural gas sold by your company to the building during the period from August 1, 2002 through December 31, 2003. | <div style="display: flex; align-items: center;"><div style="flex: 1; margin-right: 10px;"></div><div>Total Sales (volume)</div></div> <ul style="list-style-type: none"><input type="checkbox"/> Therms<input type="checkbox"/> Cubic feet (cf)<input type="checkbox"/> 100 cubic ft (Ccf)<input type="checkbox"/> 1,000 cubic ft (Mcf)<input type="checkbox"/> Dekatherms<input type="checkbox"/> Other, specify _____ |
| 14. | Please enter the starting and ending dates of the reporting period for the natural gas sales reported in Question 13. | <p>Starting Date: Mo/Day/Yr</p> <p>Ending Date: Mo/Day/Yr</p> |
| 15. | Enter the total cost for the natural gas sales reported in Question 13. Include State and local taxes and fuel adjustment charges, system charges (minimum bill or base charge), delivery charges, management fees, transportation fees, and storage fees. Exclude merchandise, repair or service (hookup or disconnect fees, late payment fees, etc.) and any other charges not specifically mentioned in the "Include" list. | <div style="display: flex; align-items: center;"><div style="flex: 1; margin-right: 10px;"></div><div>\$ </div><div>U.S. Dollars</div></div> <p>Round amounts to the nearest dollar.</p> |

Building Natural Gas Usage

Section B: Natural Gas Sales, cont.

| | |
|---|---|
| 16. <p>What fees or charges are included in the cost reported in Question 15? (Check all that apply)</p> | <ul style="list-style-type: none"><input type="checkbox"/> Commodity costs<input type="checkbox"/> Delivery charges<input type="checkbox"/> Management, Processing, Handling or Broker fees<input type="checkbox"/> Storage charges<input type="checkbox"/> Taxes<input type="checkbox"/> Other, specify _____ |
|---|---|

Go to Question 17, Section C, next page.

Building Natural Gas Usage

Section C: Account and Contact Information

| | | |
|------------|--|--|
| 17. | <p>Do the responses reported in the questions in Sections A, B or the Worksheets include all accounts or customers active in this building as of December 31, 2003?</p> <p>The term "account" is a billing unit. It can be linked to a company, office, person, agency, etc., that is sent a bill for usage of natural gas in the building.</p> <p>Your response should include all accounts for the building, including all separately billed tenants or occupants of the building, regardless of whether the bills are sent to the building address or to some other address.</p> <p>The term also includes any separate bill sent to the building management or owners for the costs of natural gas supplied to the building as a whole (hallways, lobbies, areas used for storage or maintenance operations, etc.).</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know |
| 18. | <p>Does the information reported in Question 3, Question 8, Question 13 or the Worksheets include deliveries or sales to any other building(s)?</p> <p>Check the YES box if the bills that furnished the information for Questions 3, 8, or 13 or the Worksheets include substantial deliveries or sales to buildings other than the selected one, and you are unable to report separately for the selected building.</p> <p>Check the NO box if the figures reported include deliveries or sales for the selected building only. Also check the NO box if the figures include only <u>minor</u> out-buildings, such as a shed.</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know |
| 19. | <p>How do you classify this building/account in your records? (CHECK ONE)</p> <p>NOTE: Please provide the reported information for this building even if this is not a commercial building according to your definition or records.</p> | <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial/ Industrial <input type="checkbox"/> Other (please specify): _____ |

Building Natural Gas Usage

Section C: Account and Contact Information, cont.

| | | | |
|--|------------------------------------|---|--|
| 20. | Contact Information (please print) | | |
| Name of person who completed this questionnaire: | | | |
| Date: <input type="text"/> | | | |
| Title: | | | |
| Telephone Number: | | <input type="text"/> - <input type="text"/> | Extension <input type="text"/> |
| Fax Number: | | <input type="text"/> - <input type="text"/> | Extension <input type="text"/> |
| E-mail address: | | | |
| Any additional information or comments you have concerning the data reported on this questionnaire: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> | | | |

Thank you for completing this questionnaire !

Please return your completed questionnaire to:

**Commercial Buildings Energy Consumption Survey
c/o Westat
15810 Gaither Drive, Room G9-212
Gaithersburg, MD 20877**

Worksheet #1: Monthly Natural Gas Deliveries (*Optional*)

Note: Use this worksheet only if you have *not* provided total deliveries in Questions 3 through 5.

In the table below, please report total natural gas deliveries for the building identified in the label on the front page of this questionnaire during the period from August 1, 2002 through December 31, 2003

| Reporting Period | | | Deliveries | |
|----------------------------------|---|---|--------------------------------------|--------------------|
| Time Period | Beginning Date (month/day/year) | Ending Date (month/day/year) | Quantity ¹ | Costs ² |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |
| 14 | | | | |
| 15 | | | | |
| 16 | | | | |
| 17 | | | | |
| Note 1: | Indicate the unit of measure for the reported quantities: (check one) <input type="checkbox"/> Therms <input type="checkbox"/> 1,000 Cubic Feet (Mcf) <input type="checkbox"/> Cubic Feet (cf) <input type="checkbox"/> Dekatherms <input type="checkbox"/> 100 Cubic Feet (Ccf) <input type="checkbox"/> Other units, specify _____ | | | |
| Note 2: | Costs should include: -State and local taxes -Fuel adjustment charges -System charges (minimum bill or base charge) -Delivery charges -Management fees -Transportation fees -Storage fees | Costs should exclude: -Merchandise -Repair -Service (hookup or disconnect fees, late payment fees, etc.) -Any other charges not specifically mentioned in the "include" list | Round amounts to the nearest dollar. | |
| Go to Question 6, Page 4. | | | | |

Worksheet # 2: Monthly Natural Gas Sales (*Optional*)

Note: Use this worksheet only if you have *not* provided total sales amounts in Questions 8 through 11 or Questions 13 through 16.

In the table below, please report total natural gas sales for the building identified in the label on the front page of this questionnaire during the period from August 1, 2002 through December 31, 2003.

| Reporting Period | | | Sales | |
|---|---|--|--------------------------------------|--------------------|
| Time Period | Beginning Date (month/day/year) | Ending Date (month/day/year) | Quantity ¹ | Costs ² |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |
| 14 | | | | |
| 15 | | | | |
| 16 | | | | |
| 17 | | | | |
| Note 1: | Indicate the unit of measure for the reported Sales quantities: (check one) <input type="checkbox"/> Therms <input type="checkbox"/> 1,000 Cubic Feet (Mcf) <input type="checkbox"/> Cubic Feet (cf) <input type="checkbox"/> Dekatherms <input type="checkbox"/> 100 Cubic Feet (Ccf) <input type="checkbox"/> Other units, specify _____ | | | |
| Note 2: | Costs should include: <ul style="list-style-type: none"> -State and local taxes -Fuel adjustment charges -System charges (minimum bill or base charge) -Delivery charges -Management fees -Transportation fees -Storage fees | Costs should exclude: <ul style="list-style-type: none"> -Merchandise -Repair -Service (hookup or disconnect fees, late payment fees, etc.) -Any other charges not specifically mentioned in the "include" list | Round amounts to the nearest dollar. | |
| Go to Question 17, Section C, Page 8 and complete the questionnaire. | | | | |

Thank you for completing this questionnaire!

Please return your completed questionnaire to:

**Commercial Buildings Energy Consumption Survey
c/o Westat
15810 Gaither Drive, Room G9-212
Gaithersburg, MD 20877**