



## Small Business Energy Audit/Retrofit Application

Name of business or entity:

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Building/Property Ownership:\*

Owner and Operator

Owner and Lessor

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Type of entity:

Small business

Local government

Non-profit (community)

Non-profit (business)

Address of business/entity:

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Name/title of primary contact:

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Telephone number of primary contact: \_\_\_\_\_

Email of primary contact: \_\_\_\_\_

Address of building/facility to be audited:

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Estimated area (sq. ft.) of building:

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DUNS# \_\_\_\_\_ (required)

To register for a DUNS Number go to: <http://fedgov.dnb.com/webform>

SAM # \_\_\_\_\_ (required)

To register for a System for Award Management (SAM) go to: <https://www.sam.gov/>

**\*APPLICANT MUST BE THE OWNER OF THE FACILITY.**



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Age of building: \_\_\_\_\_

Brief description of business/entity:

\_\_\_\_\_

Reason for seeking audit:

\_\_\_\_\_

How did you hear about the program? \_\_\_\_\_

Contact Sherry Hughes with application questions at (307) 777-2824 or [sherry.hughes@wyo.gov](mailto:sherry.hughes@wyo.gov)

Save as pdf and send to: [sherry.hughes@wyo.gov](mailto:sherry.hughes@wyo.gov) or mail application to:

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Cheyenne, WY 82002-0240

**\*APPLICANT MUST BE THE OWNER OF THE FACILITY.**