



Small Business Energy Audit/Retrofit Application

Name of business or entity:

Building/Property Ownership:*

Owner and Operator

Owner and Lessor

Type of entity:

Small business

Local government

Non-profit (community)

Non-profit (business)

Address of business/entity:

Name and title of primary contact:

Telephone number of primary contact: _____

Email of primary contact: _____

Address of building/facility to be audited:

Estimated area (sq. ft.) of building:

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 BUILDING/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

Save as pdf and send to: sherry.hughes@wyo.gov or mail application to:

Wyoming Business Council
State Energy Office
214 West 15th St.
Cheyenne, WY 82002-0240

***APPLICANT MUST BE THE OWNER OF THE BUILDING/FACILITY**

SAVE

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