Residential Solar Questionnaire

Name:
Address:
Telephone Number:
Email:

In order to better understand your solar needs, please take a moment to fill out this form as completely as possible and include a copy of your most recent electric bill.

Client Information

1. What is the main reason you are considering solar for your home? (Select Answer)

2. Have you explored solar options for your home in the past? Y N

3. Which payment option(s) are you interested in learning about? (check all that apply)
   Cash Lease Loan

4. When would you like to go solar?
   (Select Answer)

5. If you had to choose, which do you value most:
   Discrete Solar Design Maximum Energy Savings

6. Do you want an EV charging station for your electric vehicle? (Select Answer)

Home Information

1. Roof Type
   (Select Answer)

2. Roof Age (Select Answer)

3. Level of Shading
   (Select Answer)

4. Do you own your home?
   Y N

5. Is your home part of a HOA?
   Y N

6. Main Breaker Size (amps) *Please include photo of breaker box, if possible*
   (Select Answer)

7. How did you hear about us?
   (Select Answer)

8. Do you have any specific design requests or notes?

Utility Information (to be completed if no bill available)

1. Utility Account Number