



# AUDIT | ENERGY SAVING RETROFIT REGISTRATION

Thank you for applying for an audit.

1. Fill out the C Returns information form and survey (first 2 pages)

2. Fill out **ONE** of the EPCORE information releases (pages 3 and 4)

EPCOR Customers fill out page 3

OR

Other providers, fill out page 4

3. Fill out the ATCO release for natural gas service for all providers (page 4)

Why Do You Need My Utility Information?

We need your permission to access your utility data for power and gas directly from your utility provider. This is part of our auditing process, and it includes looking at the current consumption and carbon footprint of your home.

But I don't use EPCOR or ATCO?

In Edmonton, there are two distributors of "energy" - EPCOR for power and ATCO for gas. While there are a number of retailers, they are not the ones who "own" the metres. No matter who supplies your power or your gas, we need you to fill in the forms for both EPCOR and ATCO gas to receive the data.

4. Send the utility forms to ATCO and EPCORE (not to C Returns)

5. Send the C Returns form and a \$420.00 cheque (\$400 audit + GST) payable to **CReturns Inc.:**

C Returns  
9313 - 111 Avenue  
Edmonton, AB  
T5G 0A9

We appreciate your help in sending these forms so we can help you get a return on investment and carbon savings for your home.

**Thank you!**

Please note: all information gathered by C Returns will be held strictly confidential and will not be released to third parties for any reason without consent of the home owner.



# AUDIT | ENERGY SAVING RETROFIT REGISTRATION

**YES, I WOULD LIKE TO SIGN UP** AND BE PART OF THE “EARLY ADOPTER’S SPECIAL” AND HAVE AN AUDIT DONE AT THE RATE OF **\$450/HOME** (PLEASE MAKE CHEQUE PAYABLE TO C RETURNS AND MAIL TO ADDRESS BELOW).

<b>OWNER NAME</b>		<b>EMAIL</b>
<b>HOME PHONE</b>	<b>CELL</b>	<b>WORK</b>
<b>PROPERTY ADDRESS</b>		
<b>MAILING ADDRESS</b>		
<b>CITY</b>	<b>PROVINCE</b>	<b>POSTAL CODE</b>
<b>RENTER NAME</b>	<b>PHONE</b>	<b>EMAIL</b>
<b>SIGNATURE</b>		<b>DATE</b>

## SURVEY QUESTIONS

C Returns is interested in providing homeowners and community building owners the best retrofit program possible based on your needs. Please tell us what you think.

**QUESTION ONE:** From the list below, number the following from most important to least important. **I being most important and II being least important.**

- Energy & water Savings
- Health
- Comfort
- Resale value
- Long term sustainability and resiliency
- Convenience
- Non renewable consumption might exceed supply
- Waste reduction
- Company expertise and know how
- Reduce carbon footprint
- Conserve natural resources

**QUESTION TWO:** How would you describe your level of ambition for the retrofit? **Check One:**

- LIGHT GREEN** High payback, easy retrofit measures
- MID GREEN** Medium term paybacks, some major renovations
- DEEP GREEN** Zero carbon emissions through integrated systems and comprehensive retrofits

(cont'd on back page)



# EPCOR Customer Information Consent

EPCOR is committed to protecting your personal information. For this reason, we require your consent prior to disclosing your EPCOR account details to any third party. To ensure your request is processed efficiently, please provide the following information and sign the authorization below (please print clearly).

EPCOR Account Number:	
Account holder Name(s):	
Individual(s) or organization(s) authorized to receive information: <i>and/or</i> Energy Retailer(s) authorized to receive information (please be specific):	C Returns
Information you would like EPCOR to provide (please be specific):	12 months historical consumption data
This consent is valid until (please specify date):	3/12/2013

## AUTHORIZATION

I/we, the undersigned, hereby authorize and direct EPCOR to release the information identified above to the party or parties specified in this form. I/we acknowledge and agree that EPCOR has no control over, and shall bear no responsibility or liability for, the actions of a third party with respect to personal information released by EPCOR in accordance with this consent form.

DATE: \_\_\_\_\_

Account holder #1 Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Account holder #2 Name: \_\_\_\_\_

(if applicable)

Signature: \_\_\_\_\_

**PLEASE NOTE:** Where there is more than one account holder, EPCOR may be unable to fully provide all information authorized by this consent, unless all persons named on the account have signed this consent form.

### Delivery instructions for release of personal information:

Name of Individual,

Organization or Company: C Returns

Mailing Address: 9613-111 Avenue, Edmonton, AB T5G 0A9

Phone Number: 780.429.4114

Fax Number: 780.669.3973

Email Address: anna@CReturns.com

Please indicate how your personal information may be transmitted by EPCOR to third parties (check all that apply):

Mail

Phone

Fax

E-mail



# EPCOR Distribution and Transmission (EPCOR) 3<sup>rd</sup> Party Consent Form

EPCOR is committed to protecting personal information. We require your consent prior to disclosing your EPCOR energy details to any third party. To ensure your request is processed efficiently, please provide the following information and sign the authorization below. (Please print clearly and note all \* fields are mandatory).

* SITE ID (S):	
*Address:	
*Primary Account Holder Name(s):	
*Individual(s) or Organization(s) authorized to receive information:	C Returns
*Information you would like EPCOR to provide (please be specific and include from and to dates:	12 Months of Historical Consumption Data
*This consent is valid until (please specify):	31/12/2013 <sup>(Y)</sup>

### Delivery Instructions for release of site specific energy data:

*Name of Individual, Organization or Company	C Returns
*Contact Name:	Anna Bubel
*Mailing Address:	9613-113 Avenue, Edm, AB T5G 0A9
*Contact Phone Number:	780.429.4114
*Email Address:	anna@CReturns.com

### AUTHORIZATION

I/we, the undersigned, hereby authorize and direct EPCOR Distribution and Transmission Inc. to release the information specified in this form. I/we acknowledge and agree that EPCOR has no control over, and shall bear no responsibility or liability for, the actions of a third party with respect to personal information released by EPCOR in accordance with this consent form.

\*DATE:        \_\_\_ / \_\_\_ / \_\_\_ (DD-MM-YYYY)

\*Account Holder #1 Name: \_\_\_\_\_

\*Signature: \_\_\_\_\_

\*Account Holder #2 Name: \_\_\_\_\_

\*Signature: \_\_\_\_\_

**PLEASE NOTE:** Where there is more than one account holder, EPCOR may be unable to fully provide all information authorized by this consent, unless all persons named on the account have signed this consent form.

### PLEASE RETURN THIS FORM TO:

Attention: Romulo Agozar/Lisa Lamers

Fax Number: 780-412-7801

### Internal Only:

Date Received:	(DD-MM-YYYY)
Date Request Processed:	
Request Completed by:	Signature required

## Consent to a One-Time Release of Information

I, Customer Name {please print} authorize ATCO Gas to provide **one-time** for  
Service Address or Site ID the  
following distribution information:

12 months of historic consumption data

Note: To ensure the most efficient handling of your request, please be specific. Where charges for historical information apply, ATCO Gas will advise the requesting party prior to processing the request and, upon receipt of payment, provide the information as noted above.

This information is to be released **one-time** to the following person:

Anna Bubel Individual's Name {please print} of C Returns /Organization {if applicable}  
780.429.4114 Number including area code

I authorize the **one-time** release of information to be disclosed in the format specified below:  
(Check one option)

- Fax      Number with area code: \_\_\_\_\_
- Mail      Mailing address: \_\_\_\_\_
- E-mail      E-mail address: anna@CReturns.com

Please return completed form using one of the following options:

**Fax:**                (780) 420-7350  
                         1-877-420-3613 (toll-free)

**Mail:**                Attn: Customer Correspondence, ATCO Gas  
                         PO Box 2409  
                         Edmonton AB T5J 2S3

**E-Mail:**            [hotline@atcogas.com](mailto:hotline@atcogas.com) (must be scanned version that includes signature)