New York Energy Clinic, LLC

244 5th Avenue, R240, New York, NY 10001 | (212) 202 -3058 | info@nyenergyclinic.com | www.nyenergyclinic.com

Residence Summary Form

Contact Information

First and Last Name:

Complete address of location to be treated:

Email Address:

Best number to reach you:

Structural Information

Please select which best describes the space you want treated:

- ☐ Room or office suite within a shared apartment
- ☐ Apartment (in a traditional or high-rise multistory building)
- ☐ Apartment (sectioned private house)
- ☐ Private house (attached)
- ☐ Private house (detached)
- ☐ Duplex apartment or townhouse

Square Footage:

Number of floors (for private houses and duplex/townhouse apartments only):

Please check off which (if any) other areas you would like treated:

- ☐ Back yard/garden — Square F
- ☐ Office/work area — # of rms; sqft
- ☐ Vehicle(s) — # and veh type

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Number of Doorways

EXTERNAL – Please indicate number of EXTERNAL doorways (doors leading outside or to bldg hallway). For double doors, count only the door frame.

INTERNAL – Please indicate number of INTERNAL doorways for each location below. For double doors, count door frame only.

Bedrooms ☐ Bathrooms ☐ Closets/cupboards ☐ Laundry room ☐

Garage doors ☐ Utility/Boiler ☐ Archways (ex: dining/living room) ☐

Other doorways (please describe):

Number of Water Sources – Please indicate how many lines for each location.

***Please include any dedicated water lines and count hoses for hot and cold water separately.**

Kitchen sink(s) ☐ Dishwasher(s) ☐ Utility/boiler Room(s) ☐

Shower (heads or hoses) ☐ Tub faucet(s) ☐ Washing Machine(s) ☐

Exterior hose(s) (yards, utility, etc) ☐ Other water sources Please list

Number of WiFi Sources

Please indicate how many of each:

Wifi Routers: ☐ Cells/Tablets ☐ Lap/Desktops: ☐ Smart Meters ☐

All other technologies with wifi capabilities: Please list

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Number of Electrical Sources - Please indicate how many of each:

Electrical Panel(s)/Fuse Box(es) ☐ Detector(s) (fire, flood, etc) ☐

Number of BEDSIDE electrical outlets: ☐ Number of all (other) electrical outlets: ☐

Large Appliances:

Refrigerator(s) ☐ Dishwasher(s) ☐ Microwave Oven(s) ☐ Washer/dryer Combo(s) ☐

Washer(s) ☐ Dryer(s) ☐ A/C or HVAC units ☐ Power Generators ☐

TV's (over 55") ☐ Printer(s) ☐ Computer Screens (over 27") ☐

Any other large appliances: Please list

Number of Mirrors and Windows

*Please count each separate (upper and lower) window pane as 1 window

BEDROOM mirrors: ☐ All (other) mirrors: ☐

BEDROOM windows: ☐ All (other) windows: ☐

Areas of High Concern – Please indicate spots in your home (if any) where you don't feel well or if you know of a cell tower, power station, etc. nearby.

Please describe

Please indicate your budget for this project:

☐ $500 max ☐ $500 - $1000 ☐ $1000 - $4000 ☐ over $4000

THANK YOU!