



The City of New York
Mayor Michael R. Bloomberg

Local Law 84, Benchmarking
Non-residential Tenant Information Collection Form
(For 2013 Compliance)

Date Requested: _____

To: _____ **From:** _____

Tenant Address: _____

Service Address (As listed on utility bill): _____

New York City law (LL84 of 2009) requires this building to annually benchmark its energy consumption. To comply, we need to collect the following information from you. Please fill out the appropriate section(s) of this form and return it to the location indicated below as soon as possible.

Thank you for your assistance.

Please return the completed form to:

For information on the benchmarking law, please visit www.nyc.gov/LL84.

For questions regarding this form, please contact:

_____.

Tenant Energy Data Required (Owner to check off box if this building does not have access to aggregated or total energy information for the entire building.)

If the box to the left *is checked off*, please enter the monthly energy use for your space where you directly pay the energy bills. Enter the information for all energy types that apply in the chart below covering January to December 2012 (this could be 12, 13 or 14 monthly bills). Please indicate if the energy units are different than those suggested.

If the box is *not checked off*, please skip to page 3.

| Month (2012) (Fill in the dates on your bills) | Electricity (kWh) | Gas (therms) | Oil (gallons) | Steam (MLbs) |
|--|-----------------------------------|--------------------------------|---------------------------------|---------------------------------|
| <i>(Sample)</i> <i>Jan 1 – Feb 1</i> | <i>(Sample)</i> <i>8,000.0</i> | <i>(Sample)</i> <i>27.9</i> | <i>(Sample)</i> <i>61.75</i> | <i>(Sample)</i> <i>127.9</i> |
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Tenant Space Use Attributes: Required for all non-residential tenants

Please fill out the information listed below for the space type or types that represent your leased area. If your space type is not listed, fill out the information under "Other."

Bank/Financial Institution:

- _____ Gross Square Feet
- _____ Weekly operating hours
- _____ # of workers on main shift
- _____ # of personal computers
- _____ Percent of floor area that is air conditioned ($\geq 50\%$, $< 50\%$, or none)
- _____ Percent of floor area that is heated ($\geq 50\%$, $< 50\%$, or none)

Data Center:

- _____ Gross Square Feet
- _____ IT Energy Configuration – Select one from:
 1. Uninterruptible Power Supply (UPS) Meter supports only IT Equipment. (Preferred)
 2. UPS Meter includes non-IT load of 10% or less.
 3. UPS Meter includes non-IT load greater than 10%. Non-IT load is sub-metered.
 4. UPS Meter includes non-IT load greater than 10%. Non-IT load is not sub-metered.
 5. Facility has no UPS Meter.
 6. IT Energy is not current metered at this facility – Apply Estimates.
- _____ IT Energy Data – 12 months of measured energy consumption data is required from either the UPS (Uninterruptible Power Supply) or PDU (Power Distribution Unit) Meter, depending on IT Energy Configuration:

| Meter Type (circle 1): UPS Output or PDU Input | | | |
|--|------------|----------|--------------------------|
| Month (2012) | Start Date | End Date | Energy Consumption (kWh) |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |
| 11 | | | |
| 12 | | | |

Data Center Continued:

Optional:

- _____ UPS System Redundancy (N, N+1, N+2, 2N, greater than 2N, none of the above)
- _____ Cooling System Redundancy (N, N+1, N+2, 2N, greater than 2N, none of the above)

Hospital (General Medical and Surgical):

Required:

- _____ Gross Square Feet
- _____ # Full-time Equivalent (FTE) workers
- _____ # of staffed beds
- _____ # of MRI Machines
- _____ Maximum # of floors
- _____ Tertiary care facility – yes or no

Optional:

- _____ Laboratory on-site – yes or no
- _____ Laundry facilities on site – yes or no
- _____ # of buildings
- _____ Ownership status - Select one from:
 1. Non-profit
 2. Governmental
 3. For profit

Hotel:

Required:

- _____ Gross Square Feet
- _____ # of rooms
- _____ # of workers on main shift
- _____ # of commercial refrigeration/freezer units
- _____ On-site cooking – yes or no
- _____ Percent of floor area that is cooled in 10% increments (10%, 20%, 30%, etc.)
- _____ Percent of floor area that is heated in 10% increments (10%, 20%, 30%, etc.)

Optional:

- _____ Hours per day the guests are on-site (< 15 hrs/day, 15-19 hrs/day, or ≥ 20 hrs/day)
- _____ # of guest meals served annually
- _____ Square footage of full-service spas
- _____ Square footage of gym/fitness center
- _____ Laundry processed at site – Select one from:
 1. Both linens and terry
 2. Linens only (e.g., bed/table linens)
 3. No laundry facility
 4. Terry only (e.g., towels, bathrobes)
- _____ Annual quantity of laundry processed on-site
- _____ Average Occupancy (%)

House of Worship:

- _____ Gross Square Feet
- _____ Maximum seating capacity
- _____ Weekdays of operation (Monday - Friday)
- _____ Hours of operation per week
- _____ # of personal computers
- _____ Presence of cooking facilities - yes or no
- _____ # of commercial refrigeration/freezer units

K-12 School:

Required:

- _____ Gross Square Feet
- _____ # of personal computers
- _____ # of walk-in refrigeration/freezer units
- _____ High school - yes or no
- _____ Open weekends – yes or no
- _____ On-site cooking – yes or no
- _____ Percent of floor area that is cooled in 10% increments (10%, 20%, 30%, etc.)
- _____ Percent of floor area that is heated in 10% increments (10%, 20%, 30%, etc.)

Optional:

- _____ Months of use (9, 10, 11 or 12)
- _____ School District

Medical Office:

- _____ Gross Square Feet
- _____ # of workers on main shift
- _____ Weekly operating hours
- _____ Percent of floor area that is cooled in 10% increments (10%, 20%, 30%, etc.)
- _____ Percent of floor area that is heated in 10% increments (10%, 20%, 30%, etc.)

Office:

- _____ Gross Square Feet
- _____ Weekly operating hours
- _____ # of workers on main shift
- _____ # of personal computers
- _____ Percent of floor area that is air conditioned ($\geq 50\%$, $< 50\%$, or none)
- _____ Percent of floor area that is heated ($\geq 50\%$, $< 50\%$, or none)

Other:

- _____ Gross Square Feet
- _____ # of personal computers
- _____ Weekly operating hours
- _____ # workers on main shift

Parking:

- _____ Gross floor area that is enclosed (SF)
- _____ Gross floor area that is not enclosed with a roof (SF)
- _____ Gross floor area that is open (SF)
- _____ Weekly hours of access

Retail Store:

- _____ Gross Square Feet
- _____ Weekly operating hours
- _____ # of workers on main shift
- _____ # of personal computers
- _____ # of cash registers
- _____ # of walk-in refrigeration/freezer units
- _____ # of open & closed refrigeration/freezer cases
- _____ Percent of floor area that is cooled in 10% increments (10%, 20%, 30%, etc.)
- _____ Percent of floor area that is heated in 10% increments (10%, 20%, 30%, etc.)
- _____ Exterior entrance to the public – yes or no

Supermarket/Grocery Stores:

Required:

- _____ Gross Square Feet
- _____ Weekly operating hours
- _____ Workers on main shift
- _____ On-site cooking – yes or no
- _____ # of walk-in refrigeration/freezer units
- _____ Percent of floor area that is cooled in 10% increments (10%, 20%, 30%, etc.)
- _____ Percent of floor area that is heated in 10% increments (10%, 20%, 30%, etc.)

Optional:

- _____ # of open or closed refrigeration/freezer cases
- _____ # of registers and/or personal computers

Residence Hall/Dormitory:

Required:

- _____ Gross Square Feet
- _____ # of rooms
- _____ Percent of floor area that is cooled in 10% increments (10%, 20%, 30%, etc.)
- _____ Percent of floor area that is heated in 10% increments (10%, 20%, 30%, etc.)

Optional:

- _____ Computer lab on-site – yes or no
- _____ Dining Hall on-site– yes or no

Warehouse (Unrefrigerated):

Required:

_____Gross Square Feet

_____Weekly operating hours

_____ # of workers on main shift

_____ # of walk-in refrigerators/freezer units

_____Percent of floor area that is cooled in 10% increments (10%, 20%, 30%, etc.)

_____Percent of floor area that is heated in 10% increments (10%, 20%, 30%, etc.)

Optional:

_____Distribution Center – yes or no

Warehouse (Refrigerated):

_____Gross Square Feet

_____Weekly operating hours

_____ # of workers on main shift

Swimming Pool:

Required:

_____Swimming pool size – Select one from:

1. Olympic (50 meters x 25 meters)
2. Recreational (20 yards x 15 yards)
3. Short Course (25 yards x 20 yards)

_____Indoor or outdoor

Optional:

_____Months of use