



The City of New York
Mayor Michael R. Bloomberg

Local Law 84 of 2009, Benchmarking

Non-residential Tenant Information Collection Form

(For 2012 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/ggbbp.

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 2011 (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 (2011) (Fill in the dates on your bills)	Electricity (kWh)	Gas (therms)	Oil (gallons)	Steam (MLbs)
<i>(Sample)</i> <i>Jan 6 – Feb 5</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>

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:

_____ Weekly operating hours

_____ # of workers on main shift

_____ # of personal computers

_____ Percent of floor area that is air conditioned (>=50%, <50%, or none)

_____ Percent of floor area that is heated (>=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 (2011)	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 (acute care and children's):***Required:* # of licensed beds 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 (drop down of options)**Hotel:***Required:* # 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 # of guest meals served Square footage of full-service spas Square footage of gym/fitness center Laundry processed at site (drop down of options) Annual quantity of laundry processed on-site Average Occupancy (%)**House of Worship:** Maximum seating capacity Weekdays of operation Hours of operation per week # of personal computers Presence of cooking facilities - yes or no # of commercial refrigeration/freezer units

K-12 School:*Required:*

- _____ # 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
- _____ School District

Medical Office:

- _____ # 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:

- _____ Weekly operating hours
- _____ # of workers on main shift
- _____ # of personal computers
- _____ Percent of floor area that is air conditioned (>=50%, <50%, or none)
- _____ Percent of floor area that is heated (>=50%, <50%, or none)

Other:

- _____ # 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:

_____ 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:*

_____ 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:*

_____ # 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:*

_____ 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):

_____ Weekly operating hours

_____ # of workers on main shift

Swimming Pool:

Required:

_____ Swimming pool size, choose from:

Olympic (50 meters x 25 meters)

Recreational (20 yards x 15 yards)

Short Course (25 yards x 20 yards)

_____ Indoor or outdoor

Optional:

_____ Months of use