

RELIGIOUS INQUIRY QUESTIONNAIRE

Customer Name: _____

Customer Address: _____

Account Number _____

Gas

Electric

1. Are you a religious organization? Yes NO

If Yes, please submit evidence of your status as a religious organization. It may include, but is not limited to, copies of articles of incorporation, charters, letters from recognized religious organizations, eligibility designations from the Internal Revenue Service, and other documentation of the religious nature of the organization. Proof of tax exempt status is not required, but may be used as supporting evidence.

Although not required, in order to ensure proper coding of your account, please provide a copy of your tax exempt certificate to be coded sales tax exempt.

2. Does your organization occupy the facility served through this account? Yes No

3. If Yes to No.2, does your organization conduct religious observances in this facility?

Yes No If yes, how often? _____ times per week

4. Is a fee required for any of these services provided within this facility? Yes No

5. Is this facility available for rent by other organizations? Yes No

If yes, please describe.

6. Does this facility sell products or services? Yes No

7. Is you facility used in whole or in part for commercial or non-religious purposes?

Yes No

8. If Yes to 7:

- How large is your facility by square footage? _____ sq ft
- How much space is used for religious purposes? _____ sq ft
- How much space is used for commercial or non-religious purposes? _____ sq ft
- In a typical week, how much time, in hours, is dedicated for commercial or non-religious purposes? _____ sq ft

9. Is this metered account characterized by any of the following? *(Please check all that apply)*

- A house of worship, such as church, synagogue, mosque, temple, mission, etc.
- A religious elementary or secondary school
- A college or university
- A child care facility
- A health care facility, such as a hospital or nursing home
- A business or administrative office building
- A storage facility, such as a warehouse, maintenance shed, garage, etc.
- A separately metered device, such as a sign, lighting, etc.
- A recreational facility
- A store
- Other

10. Please describe the activities at your facility. Any supporting documentations, such as brochures, employee handbooks, daily schedules, bulletins, etc., is welcome.

I, _____, as an authorized agent for _____
Print Name Account Name

hereby confirm that the above information is accurate.

Signature

Print Name

Print Title

Date

**Fax completed form to:
716-857-4722**