BUFFALO
RENEWABLES INC.

Name: _____ **Mailing Address:** _____

_____**Town:** _____**County:** _____

Phone: _____**E-mail:** _____**Acreage:** _____

What additional energy requirements are you anticipating in the coming years (Electric Vehicles, Geothermal system, etc.?)

_____

Questionnaire:

1. **Technology Preference (check all that apply): ☐Wind ☐Solar ☐EV Charging Station**
2. **Preferred Turbine/Solar Location: ☐On-site ☐ Remote**
3. **Other Addresses (List street addresses of all potential sites, owned or leased):**

   _____
4. **Preferred location zoning: ☐Residential☐ Agricultural☐ Commercial/Industrial**
5. **Located in a NYS certified agricultural district: Yes No**
6. **Customer type: ☐ Residential ☐ Farm☐ Business (If residential, skip to #7)**

   If farm/business:
   a. **is it incorporated? ◯ Yes ◯ No**
   b. **>$10,000 yearly ag sales (no land lease payments) ◯ Yes◯ No**
7. **Name of utility company providing power: ◯ National Grid ◯ NYSEG**
8. **Number of meters: _____ (provide usage data for all meters)**
9. **For on-site projects:**
   a. **Service Type: Residential Commercial**
   b. **Service Class: Non-Demand Demand (2D) Demand(3D)**
   c. **Phase: Single Three**

Please fill in column details below for the last 12 months from your electric bills (Fill one page for each meter)

Month and Year	Actual kWh Usage	Monthly cost including all charges
Total		

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