

BEST OF THE BEST

COMMERCIAL BUILDING DESIGN & CONSTRUCTION

ENTRY FORM

1 PROJECT INFORMATION

PROJECT INFORMATION

Building Name: _____

Location: _____

Client / Owner: _____

Intended Occupancy Type: _____ Date of Project Completion: _____

Total Project Cost: _____ Building Size (Sq. Ft.): _____

Category (check one):

Commercial New Construction

Commercial Major Renovation (Gut Rehab)

Multifamily New Construction

Multifamily Major Renovation (Gut Rehab)

ENTRANT INFORMATION

Company / Firm Name (if applicable): _____ Date: _____

Primary Contact: _____ Role: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

PROJECT PARTNERS (include role and primary contact):

Name of the Efficiency Vermont Energy Consultant for your project (if applicable):

2 PHOTOGRAPHY & PUBLICITY RELEASE

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Contact Name (Please Print): _____

Signature: _____

Phone: _____

ENTRIES DUE NOVEMBER 22, 2019

POSTERS MUST BE MAILED OR DELIVERED TO:

Best of the Best: Commercial
Efficiency Vermont
ATTN: Tori Scarzello
128 Lakeside Ave., Suite 401
Burlington, VT 05401

Entry Form must be emailed to
tscarzello@efficiencyvermont.com.

FOR INTERNAL USE ONLY

Date: _____

Code: _____

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For additional information, contact Efficiency Vermont Program Manager:

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