THE EMPIRE

Savings Survey Form

Customer Information

Name:_____ Phone:_____

Email:_____ Date:_____

1) Energy Bill

Gas $_____ Electricity $_____

State & Zip Code?_____

Do You Pay the Electric & Gas Bills In Your Home?

(Check One) ☐ **Yes** ☐ **No**

Would You Like to Lower Your Gas/Electricity Bill?

☐ **Yes**

2) Healthcare Plan

Provider:_____

Monthly Payment $:_____

# of People In Household: (Circle One) **1, 2, or 3+**

Would You Like to Lower Your Healthcare Bill?

☐ **Yes**

3) Wireless Bill

Do You Own Your Device(s)? ☐ **Yes**

Wireless Provider:_____

Monthly Bill $_____

Number of Lines:_____

Would You Like to Lower Your Wireless Bill?

☐ **Yes**

4) Home Security

Do You Have Home Security? ☐ **Yes**

Security Provider: _____

Monthly Bill $_____

Would You Like to Learn About Getting Home Security?

☐ **Yes**