Facility Assessment

In order to better evaluate your opportunity as a ReRev™ energy generating facility, we need some specific site information regarding your gym.

This information is used to determine the feasibility of installing & operating a ReRev™ energy-harnessing system that will send power back to the grid in the form of KWHs which are used throughout the building. **Please provide as much information as possible.**

PLEASE RETURN FORM TO:

FAX (727) 556-0360 **PH** (727) 556-0804

MAIL 13620 49th St. N | Clearwater FL 33762

We look forward to hearing from you!

Facility Name _____ Contact Name _____

Facility Address _____

Phone _____ Mobile _____

Fax _____ Email _____

Please provide the following information about the self-powered cardio machines (i.e. elliptical) in your facility:

Type of Equipment	Manufacturer#	Machines

Is your facility EXISTING or UNDER CONSTRUCTION? *(Please circle one)*
If under construction, please indicate completion date. Your cost per Kwh _____

Are you planning an equipment purchase in the future? *If so, indicate equipment type, manufacturer,& timeframe:*

Location of self-powered cardio machines: Please provide a brief diagram illustrating the layout of your machines (for example, are they banked together in one location, spread across several stories, show spacing,, etc.)

Note: We assume 4 feet from center line to center line of each piece of equipment unless otherwise indicated.