2005 Residential Energy Consumption Survey



Sponsored by the Energy Information Administration U.S. Department of Energy Washington, DC 20585

Form EIA-457F (2005) – Household Natural Gas Usage Form OMB No. 1905-0092, Expiring May 31, 2008

Household Natural Gas Usage Form

Service Address:

STEP 1	If the customer acc	f the customer account number is not shown above, please enter it here.														
	Customer Acc	ount: _	_/_	_/	_/	_/	/	//	/	/	/_	_/_	_/	_/	_/	_/
	Now, please turn identified above.	the page	and	prov	vide	the	requ	ueste	ed ir	nforn	nation	for	the	hou	ıseh	old

Completed forms are due by March 4, 2006. If you have any questions, please call (toll-free) 1-NNN-NNNN. Ask for the Supplier Survey Specialist.

This report is mandatory under Public Law 93-275, as amended. See the enclosed *Answers to Frequently Asked Questions* for more details concerning confidentiality and sanctions.

STEP 3

Use the enclosed self-addressed envelope and return the completed form to:

U.S. Department of Energy c/o The Contractor
Contractor's Street Address
Contractor's City, State, and ZIP Code

Or you may FAX the completed form to The Contractor at NNN-NNN-NNNN

Public reporting burden for this form is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data records, gathering and maintaining the data needed, and completing and reviewing the form. Send comments regarding this reporting burden estimate or any other aspect of this data collection, including suggestions for reducing this burden, to the Energy Information Administration, Statistics and Method Group, EI-70, 1000 Independence Avenue, SW, Washington, DC 20585, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

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Please provide information on natural gas sold and/or delivered to this housing unit from *October 1, 2004, to the present date.*

Billing Period	Enter the Date Meter Was Read (Month/Day/Year) for each Billing Period	that li Natural Delive S=S D=E B=E	le the Le ndicates I Gas wa ered, or I Sold Only Delivered Both Sold Delivered	if the s Sold, Both Only and	Check the Units Used to Measure the Natural Gas and Enter the Quantity Used this Period Therms Cubic feet (CF) Hundreds of CF (CCF) Thousands of CF (MCF) Other (Specify)	Circle the Letter that Indicates How the Quantity Used was Determined A=Actual E=Estimated R=Read by Customer			Enter the Total Dollar Amount (including taxes and other charges) for this Billing Period ^a (US\$ 000.)
1		S	D	В		Α	Е	R	
2		S	D	В		Α	Е	R	
3		S	D	В		Α	Е	R	
4		S	D	В		Α	Е	R	
5		S	D	В		Α	Е	R	
6		S	D	В		Α	Е	R	
7		S	D	В		Α	Е	R	
8		S	D	В		Α	Е	R	
9		S	D	В		Α	Е	R	
10		S	D	В		Α	Е	R	
11		S	D	В		Α	Е	R	
12		S	D	В		Α	Е	R	
13		S	D	В		Α	Е	R	
14		S	D	В		Α	Е	R	
15		S	D	В		Α	Е	R	
16		S	D	В		Α	Е	R	

a. *Include* in the **Total Dollar Amount for this Billing Period** all state and local taxes, fuel adjustment charges and system charges (minimum bill or base charge). *Exclude* merchandise, repairs, and service charges. If the household is on the budget plan, do *not* provide the budgeted bill; instead, provide the dollar amount that is the cost of the actual consumption in the period.

2.	Please provide the following information for the							
Z .	person who completed this form.	Please print.						

Name:	
Company:	
Telephone:	
E-mail Address: _	
Fax Number:	
Date:	

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For Office Use Only:

Fuel	Unit	Beginning Date		Ending Date			R	Periods	F/L	
9	10	11-16		17-22			23	30-31	35	
2										