

Community Medical and Utilities Survey

Survey Region _____

Survey Year _____

Survey Community/State _____

Collected By _____ Date Collected _____

Doctor Office/Clinic/Business Name _____

☐ Not Available, Not Accepting New Patients or No Appointment can be made with a Doctor *(If not, survey another provider. If no other providers available, contact IBC immediately because community cannot be used for rent-setting.)*

☐ Accepting New Patients and Appointment can be made with Doctor

Doctor Name(s) _____

Address _____

Phone/Web _____

Comments/Hours _____

Dentist Office/Clinic/Business Name _____

☐ Not Available *(Contact IBC immediately because community cannot be used for rent-setting)*

☐ Accepting New Patients *(If not, survey another dentist in the community)*

Dentist Name(s) _____

Address _____

Phone/Web _____

Comments/Hours _____

Electric Utility Company Name _____*Copy of rate sheets required*

Phone/Web _____

Comments/Contact Name _____

Method 1: Cost to Residential Customers: *(average summer/winter rates if applicable; include all taxes)*

500 Kwh _____ 1,000 Kwh _____ 1,500 Kwh _____ 2,000 Kwh _____

Method 2: Contractor can enter into iQMIS the following cost components:**Summer/Year-Round** (____ Months)**Winter** (____ Months)

Tier 1 _____ Kwh @ Tier 1 Rate _____

Tier 1 _____ Kwh @ Tier 1 Rate _____

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Tier 2 _____ Kwh @ Tier 2 Rate _____

Tier 2 _____ Kwh @ Tier 2 Rate _____

Tier 3 _____ Kwh @ Tier 3 Rate _____

Tier 3 _____ Kwh @ Tier 3 Rate _____

Tier 4 _____ Kwh @ Tier 4 Rate _____

Tier 4 _____ Kwh @ Tier 4 Rate _____

All Over Tier 4 @ Tier 5 Rate _____

All Over Tier 4 @ Tier 5 Rate _____

Other Charges (Year Round):Base Rate/Service Fee/Minimum Fee/Flat Rate **Per Month** _____Additional/Surcharges **Per Kwh** _____Additional/Surcharges **Per Kwh** _____Additional/Surcharges **Per Kwh** _____Taxes **Per Kwh** _____ Taxes **Percent** _____ %**Natural Gas Utility Company** Name _____☐ Not Available*Copy of rate sheets required*

Phone/Web _____

Comments/ Contact Name _____

Method 1: Cost to Residential Customers: (average summer/winter rates if applicable; include all taxes)

50 Therms _____ 100 Therms _____ 150 Therms _____ 200 Therms _____

(1 Therm = 1 CCF = 100 CF. 10 Therms = 10 CCF = 1,000 CF = 1 MCF)

Method 2: Contractor can enter into iQMIS the following cost components:Natural Gas Units and Rates are published by: ☐ Therm ☐ CCF ☐ MCF**Summer/Year-Round** (_____ Months)**Winter** (_____ Months)

Tier 1 _____ Units @ Tier 1 Rate _____

Tier 1 _____ Units @ Tier 1 Rate _____

Tier 2 _____ Units @ Tier 2 Rate _____

Tier 2 _____ Units @ Tier 2 Rate _____

Tier 3 _____ Units @ Tier 3 Rate _____

Tier 3 _____ Units @ Tier 4 Rate _____

Tier 4 _____ Units @ Tier 4 Rate _____

Tier 4 _____ Units @ Tier 5 Rate _____

All Over Tier 4 Units @ Tier 5 Rate _____

All Over Tier 4 Units @ Tier 5 Rate _____

Other Charges (Year-Round):Base Rate/Service Fee/Minimum Fee **Per Month** \$ _____ (optional -- includes _____ Units)Additional Flat Rate Service Fee **Per Month** \$ _____Additional/Surcharges **Per Unit** _____Additional/Surcharges **Per Unit** _____Additional/Surcharges **Per Unit** _____Taxes **Per Unit** _____Taxes/Additional **Percent** _____ %

Water Utility Company Name _____ ☐ Not Available (Wells)

Copy of rate sheets required

Phone, Web _____

Comments/ Contact Name _____

Method 1: Cost to Residential Customers: (average summer/winter rates if applicable; include all taxes)

3,000 gals. _____ 5,000 gals. _____ 7,500 gals. _____ 10,000 gals. _____

(1 cu ft = 7.48 gals. 100 cu ft = 748 gals. 100 cu ft = 1 CCF)

Method 2: Contractor can enter into iQMIS the following cost components:

Water Units and Rates are published by: ☐ Gallon ☐ CF ☐ CCF

Summer/Year-Round (_____ Months)

Winter (_____ Months)

Tier 1 _____ Units @ Tier 1 Rate _____

Tier 1 _____ Units @ Tier 1 Rate _____

Tier 2 _____ Units @ Tier 2 Rate _____

Tier 2 _____ Units @ Tier 2 Rate _____

Tier 3 _____ Units @ Tier 3 Rate _____

Tier 3 _____ Units @ Tier 4 Rate _____

Tier 4 _____ Units @ Tier 4 Rate _____

Tier 4 _____ Units @ Tier 5 Rate _____

All Over Tier 4 Units @ Tier 5 Rate _____

All Over Tier 4 Units @ Tier 5 Rate _____

Other Charges (Year-Round):

Base Rate/Service Fee/Minimum Fee **Per Month** \$ _____ (optional -- includes _____ Units)

Additional Flat Rate Service Fee **Per Month** \$ _____

Additional Surcharges **Per Unit** _____

Additional Surcharges **Per Unit** _____

Additional Surcharges **Per Unit** _____

Taxes **Per Unit** _____

Taxes/Additional **Percent** _____ %

Sewer Utility Company Name _____ ☐ Not Available (Septic)

Copy of rate sheets required

Phone, Web _____

Comments/ Contact Name _____

Method 1: Cost to Residential Customers: (average summer/winter rates if applicable; include all taxes)

3,000 gals. _____ 5,000 gals. _____ 7,500 gals. _____ 10,000 gals. _____

(1 cu ft = 7.48 gals. 100 cu ft = 748 gals. 100 cu ft = 1 CCF)

Method 2: Contractor can enter into iQMIS the following cost components:

Sewer Units and Rates are published by: ☐ Gallon ☐ CF ☐ CCF

Summer/Year-Round (_____ Months)

Winter (_____ Months)

Tier 1 _____ Units @ Tier 1 Rate _____

Tier 1 _____ Units @ Tier 1 Rate _____

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Tier 2 _____ Units @ Tier 2 Rate _____

Tier 2 _____ Units @ Tier 2 Rate _____

Tier 3 _____ Units @ Tier 3 Rate _____

Tier 3 _____ Units @ Tier 4 Rate _____

Tier 4 _____ Units @ Tier 4 Rate _____

Tier 4 _____ Units @ Tier 5 Rate _____

All Over Tier 4 Units @ Tier 5 Rate _____

All Over Tier 4 Units @ Tier 5 Rate _____

Other Charges (Year-Round):Base Rate/Service Fee/Minimum Fee **Per Month** \$ _____ (optional -- includes _____ Units)Additional Flat Rate Service Fee **Per Month** \$ _____Additional Surcharges **Per Unit** _____Additional Surcharges **Per Unit** _____Additional Surcharges **Per Unit** _____Taxes **Per Unit** _____ (taxes usually do not apply to sewer charges)Taxes/Additional **Percent** _____ % (taxes usually do not apply to sewer charges)**Garbage Collection Company** Name _____ ☐ Not AvailablePhone, Web _____ ☐ Incl. in Property Taxes

Contact Name/Comments _____

Rate **Per Month** \$ _____ *include recycling, yard debris, mosquito control, and other charges that are typically included in the monthly garbage fee. Assume 2 cans per week or one 65 gal. can***Propane Company** #1 Name _____ ☐ Not Available

Contact Name, Phone, Web _____

Rate **Per Gal.** \$ _____ *(include taxes)***Propane Company** #2 Name (if available) _____

Contact Name, Phone, Web _____

Rate **Per Gal.** \$ _____ *(include taxes)***Fuel Oil Company** #1 Name _____ ☐ Not Available

Contact Name, Phone, Web _____

Rate **Per Gal.** \$ _____ *(include taxes)***Fuel Oil Company** #2 Name (if available) _____

Contact Name, Phone, Web _____

Rate **Per Gal.** \$ _____ *(include taxes)*