



ECO CERTIFICATION AUDIT APPLICATION FORM



NAME OF PROPERTY: _____

CLASSIFICATION: _____

TELEPHONE: _____

NAME OF GENERAL MANAGER: _____

SIGNATURE: _____

TELEPHONE: _____

EMAIL: _____

ECO-COORDINATOR: _____

DESIGNATION: _____

SIGNATURE: _____

TELEPHONE: _____

EMAIL: _____

NUMBER OF BEDS: _____

NUMBER OF ROOMS: _____

TOTAL GUEST NIGHTS _____

NUMBER OF STAFF: Permanent: F/T: P/T: _____

Summer increase: F/T: P/T: _____

Information required on the previous 12-month period:

Water consumption	
Different types:	Quantity:
_____	_____
_____	_____
_____	_____

Energy consumption	
Different types:	Quantity:
_____	_____
_____	_____
_____	_____