



# Customer Testimonial Form

Thank you for agreeing to share your positive experience. Your words may inspire others in your community to save energy!

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**SECTION A:** Customer information

Your Name

Address

City

State

ZIP Code

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**SECTION B:** Testimonial Questions

What made you decide to enroll in this program? Were there issues or concerns you had regarding your home?

What impressed you the most about the home energy assessment? Surprised you?

What about your home energy improvements are you happiest with?

Would you recommend the program to others? Why or why not?

Any additional comments?

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**SECTION C:** Signature

Authorized Customer Signature

Date

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**SECTION D:** Disclaimer

By signing, you authorize the Me<sup>2</sup> program (including WECC and the City of Milwaukee) to use your responses in publications, marketing materials, and communications and you waive the right to inspect or approve any draft or finished product and to receive any compensation for the use of your responses.

**877.399.1203**  
**www.smartenergypays.com**

**Mailing Information**  
Mail this form to the following address:  
Me<sup>2</sup>, 431 Charmany Dr., Madison WI 53719  
or email to Me2@milwaukee.gov

Emailed testimonial-attached  
Date received: \_\_\_\_\_