



**SUNSHINE**  
SAVE YOUR BUILDING  
BY SAVING ENERGY

# PRELIMINARY BUILDING CASE INFORMATION FORM

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Programme of the European Union



Date:		
Building address:		
Person filling the form	Name:	
	Phone:	
	e-mail:	
House elder	Name:	
	Phone:	
	e-mail:	
Which apartments are rented (write apartment numbers)?		
Businesses/Associations located in the building:		
Describe the current problem (mention role of businesses/institutions that are involved in this problem):		

Do all apartments in the house face the same problems as Yours?		
When did problems begin to appear?		
Name of the businesses/institutions that are involved in this problem. Please indicate the name of the builder (if available):	1.	
	2.	
	3.	
	4.	
When did You contact the representative of particular business/institution (mention representatives name and surname)?	1.	
	2.	
	3.	
	4.	
Response and view of the situation of the businesses/institutions that are involved in the problem:	1.	
	2.	
	3.	
	4.	

Do You have all the documents and contracts with businesses/institutions that are involved in the problem?	
Name the documents You have:	a.
	b.
	c.
	d.
Describe Your most desirable solution to the experienced problems:	

Additional comments and notes: