

HOME ENERGY ASSISTANCE PROGRAM (HEAP)

**UPFRONT DELIVERY REQUEST FORM**

**ISSUING AGENCY:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
\_\_\_\_\_ Email: \_\_\_\_\_

**VENDOR:**

Vendor Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City State Zip: \_\_\_\_\_ Email: \_\_\_\_\_

**CUSTOMER:**

Primary Applicant \_\_\_\_\_  
Name on Account \_\_\_\_\_ Request Date: \_\_\_\_\_  
Service/Delivery \_\_\_\_\_  
Address \_\_\_\_\_ Account #: \_\_\_\_\_  
City State Zip \_\_\_\_\_ Phone \_\_\_\_\_

Approved Fuel Type \_\_\_\_\_ Approved HEAP Amount \$ \_\_\_\_\_

**TYPE OF CRISIS** (*check one*)       Energy Crisis (48 hours)       Life Threatening Crisis (18 hours)

**DELIVERY MUST BE MADE WITHIN** \_\_\_\_\_ of \_\_\_\_\_ by \_\_\_\_\_  
Enter # of hours      Enter date (mm/dd/yyyy)      Enter time

**IS THERE A DELIVERY FEE?**       Yes       No  
If yes, what is the delivery fee?      \$ \_\_\_\_\_  
Enter fee amount

Delivery fee will be paid for with ECIP Purchase Order # \_\_\_\_\_  
Enter PO Number

**NOTES:**

Maine State Housing Authority guarantees the payment for this delivery.

**The above-named Issuing Agency authorizes the delivery of fuel to the customer named herein prior to payment being sent to the vendor named herein.**

**Approved by:** \_\_\_\_\_      **Approved Date:** \_\_\_\_\_  
mm/dd/yyyy

Signature \_\_\_\_\_  
Name \_\_\_\_\_  
Phone Number \_\_\_\_\_