

HOME ENERGY ASSISTANCE PROGRAM (HEAP)

UPFRONT DELIVERY REQUEST FORM

ISSUING AGENCY:

Name: _____ Phone: _____
Address: _____ Fax: _____
City State Zip: _____ Email: _____

VENDOR:

Vendor Name: _____ Contact Person: _____
Address: _____ Phone: _____
City State Zip: _____ Email: _____

CUSTOMER:

Primary Applicant: _____
Name on Account: _____ Request Date: _____
Delivery/Service 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) ☐ Non-Emergency

DELIVERY TIMEFRAME: ☐ Within _____ of _____ at _____
Enter # of hours Enter date (mm/dd/yyyy) Enter time
☐ Next Scheduled delivery date _____

CRISIS ONLY:

Is there a delivery fee? ☐ Yes ☐ No If yes; what is the delivery fee amount? \$ _____

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 (Name): _____ Approved Date: _____
Signature: _____ mm/dd/yyyy
Phone Number: _____