Reset Form

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) ☐ Non-Emergency

DELIVERY TIMEFRAME: _____ of _____ by _____

Enter # of hours | Enter date (mm/dd/yyyy)

☐ Next Scheduled delivery date _____

CRISIS ONLY:

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 _____