HOME ENERGY ASSISTANCE PROGRAM (HEAP)

UPFRONT DELIVERY REQUEST FORM

SSUING AGENCY:			
Name:		Phone:	
Address:		Fax:	
City State Zip:		Email:	
ENDOR:			
Vendor Name:		Contact Person:	
Address:		Con ail.	
City State Zip:			
USTOMER:			
rimary Applicant:		_	
ame on Account:		Request Date:	
		Account #:	
ity State Zip:		Phone:	
Approved Fuel Type		Approved HEAP Amount	\$
TYPE OF CRISIS (check one)	Energy Crisis (48 hours)	Life Threatening Crisis (18 hour	s) 🔲 Non-Emergency
DELIVERY TIMEFRAME:	☐ Within	of	at
	Enter # of hours	Enter date (mm/dd/yy)	Enter time
	□ Next Scheduled delivery	date	
CRISIS ONLY:			
Is there a delivery fee?	☐ Yes ☐ No If yes;	what is the delivery fee amount?	\$
NOTES:			
Main	e State Housing Authority gua	rantees the payment for this deliv	very.
he above-named Issuing ayment being sent to the		ery of fuel to the customer nam	ned herein prior to
pproved by lame):		Approved Date:	
gnature:		···	mm/dd/yy
none Number:			