HOME ENERGY ASSISTANCE PROGRAM (HEAP)

UPFRONT DELIVERY REQUEST FORM

ISSUING AGENCY:		
Name:	Phone:	
Address:		
	Email:	
VENDOR:		
Vendor Name:	Contact Person:	
Address:	Phone:	
City State Zip:	Email:	
CUSTOMER:		
Primary Applicant:		
Name on Account:	Request Date:	
Delivery Address:		
City State Zip:	Phone:	
Approved Fuel Type	Approved HEAP Amount \$	
,		
TYPE OF CRISIS (check one)) ☐ Life Threatening Crisis (18 hours) ☐ Non-Emergency	
DELIVERY TIMEFRAME: Within	of at	
Enter # of he	ours Enter date (mm/dd/yyyy) Enter time	
☐ Next Scheduled deliv	very date	
_ Non concauled doing		
CRISIS ONLY:		
Is there a delivery fee? ☐ Yes ☐ No If y	ves; what is the delivery fee amount?	
,	·	
NOTES:		
NOTES.		
Maina Ctata Harraina Authority		
,	guarantees the payment for this delivery.	
The above-named Issuing Agency authorizes the de payment being sent to the vendor named herein.	elivery of fuel to the customer named herein prior to	
Approved by		
(name):	Approved Date:	
Signature:	mm/dd/yyyy	
Phone Number:		