CLEAR

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 $ _____

Next Scheduled delivery date: _____

NOTES / REASON UPFRONT IS REQUESTED:

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: _____ mm/dd/yyyy

Signature: _____

Phone Number: _____