



Energy Assistance Programs

Vendor Verification Form

Use this form any time the Utility / Vendor is called. **Fill out completely.**

TODAY'S DATE: _____ INTAKE WORKER: _____

VENDOR: _____ VENDOR EMPLOYEE NAME: _____

ACCOUNT #: _____ AMOUNT OWING: \$ _____

PRIMARY NAME ON ACCOUNT (**EXACT**): _____

SPOUSE/DOMESTIC PARTNER ON ACCOUNT: _____

NOTE AUTHORIZED PERSON ON VENDOR SCREEN. COMMENT ON VENDOR SCREEN IF PERSON IS NOT IN HOUSEHOLD.

SERVICE ADDRESS: _____

ACCOUNT STATUS FOR ELECTRIC OR NATURAL GAS: (CIRCLE ONE)

CURRENT PAST DUE SHUTOFF 1-5 DAYS SHUTOFF 0-24 HOURS DISCONNECTED

ACCOUNT STATUS FOR PROPANE, WOOD, OIL OR PELLETS: (CIRCLE ONE)

BULK FUEL (*APPLICANT HAS FUEL*) BULK FUEL OUT (*APPLICANT HAS NO FUEL*)



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