



TOWNSEND GAS & OIL

1740 Old Route 119 South
Homer City, PA 15748

Office 724-479-9233
Fax 724-479-9243

WE HEREBY AGREE TO BE THE FUEL VENDOR FOR _____,
UNDER THE ENERGY ASSISTANCE PROGRAM FOR THE YEAR _____.

NAME: _____

ADDRESS: _____

PHONE: _____

SOCIAL SECURITY #: _____

SIGNATURE: _____

FUEL TYPE USED: _____

TANK SIZE: _____

ACCOUNT ID#: _____

DIRECTIONS:

