



# 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_