

Fuel Switch Request Form

Agency: _____ Client Name: _____

Project Address: _____ Project Number: _____

Type of fuel switch request:

Heating Water Heating
Current Fuel Source:

Oil Nat. Gas Wood Electric Propane Other:
Proposed Fuel Source:

Oil Nat. Gas Wood Electric Propane Other:

Primary Utility Provider: _____ Secondary Utility Provider: _____

Reason for Fuel switch:

Cost of upgrading to new fuel source including all ancillary costs: _____

Cost of installing the existing fuel source including all ancillary costs: _____

*Please submit all relevant documentation of costs with your fuel switch request.

Determination: Date: _____ Approved Denied

The following grant(s) sources may be used: DOE LIHEAP ECHO BPA

Comments:

Authorized Signature: _____