

Delaware Energy Office

Application to the State for Petroleum Product Hardship or Emergency Relief Case

1. APPLICANT IDENTIFICATION

Company/Agency Name:		Contact Person:	
Address:		City:	Zip:
Phone:	Fax:	E-Mail:	
Date of This Application:	Time:	Date Requested:	Time:

1. APPLICANTS CLASSIFICATION

Wholesale Purchaser-Consumer
Wholesale Purchaser-Seller
End User
Dealer

3. JUSTIFICATION

Critical Facility
Emergency Generator
Critical Care Facility
Emergency Shelter

4. PRODUCT REQUESTED **Gallons**

Propane
Regular Gasoline
Mid-Grade Gasoline
Premium Gasoline
Kerosene
#2 Fuel Oil
Diesel Fuel
Aviation Gasoline
Jet Fuel – Kerosene Base

5. Additional Justification:

6. SUPPLIER (S) My existing supplier (s) named below can supply the quantity requested.

SUPPLIER #1	SUPPLIER #2
Name: <input type="text"/>	Name: <input type="text"/>
Contact: <input type="text"/>	Contact: <input type="text"/>
Phone: <input type="text"/> FAX: <input type="text"/>	Phone: <input type="text"/> FAX: <input type="text"/>
EMAIL: <input type="text"/>	EMAIL: <input type="text"/>
Street: <input type="text"/>	Street: <input type="text"/>
City: <input type="text"/> State: <input type="text"/> ZIP: <input type="text"/>	City: <input type="text"/> State: <input type="text"/> ZIP: <input type="text"/>

7. CERTIFICATION:

I certify that the above information is true and accurate and that any quantity granted will be used for the purpose herein described and will not be diverted to another user:

Name Printed: Title: Signature: Date: **FORM EPC-1**