

Delaware Energy Office, 146 South Governors Avenue, Dover, DE 19904
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Application to State for Petroleum Product Hardship or Emergency Relief Case

1. APPLICANT IDENTIFICATION

Company/Agency Name:

Contact Person:

Address:

City:

Zip Code:

Phone:

Fax:

EMAIL:

Date Requested:

APPLICANTS CLASSIFICATION

- Wholesale Purchaser-Consumer*
- Wholesale Purchaser-Seller*
- End User*
- Dealer*

PRODUCT REQUESTED

Gallons

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

JUSTIFICATION

- Critical Facility
- Emergency Generator
- Critical Care Facility
- Emergency Shelter

5. Additional Justification:

6. SUPPLIER (S)

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

DISTRIBUTOR		DISTRIBUTOR	
Name:		Name:	
Contact:		Contact:	
Phone:	Fax:	Phone:	Fax:
Email:		Email:	
Street:		Street:	
City:	State:	City:	State:
Zip Code:		Zip Code:	

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:

Signature:	Title:	Date of Issuance:	Certification #