



2009 RECS Propane (Bottled Gas or LPG) Usage Form

Delivery Address:

[Empty box for Delivery Address]

Account Number:

[Empty box for Account Number]

Please provide information on propane usage for this housing unit between September 2008 and April 2010.

Delivery Number	Enter the Delivery Date for each delivery MM/DD/YY	Type of Fuel Sold was: P=Propane B=Butane O=Other (select one)			Select the Unit of Measure <input type="checkbox"/> Pounds <input type="checkbox"/> Cubic Meters <input type="checkbox"/> Gallons <input type="checkbox"/> Decitherms <input type="checkbox"/> Cubic Feet <input type="checkbox"/> Other (Specify) Enter Amount Delivered XXXX	Enter the Price per Unit of Measure \$ X.XX	Enter the Total Dollar Amount including taxes [Exclude late fees, merchandise, repairs, and service charges] \$ XXX.XX
		P	B	O			
1	[]/[]/[]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
2	[]/[]/[]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
3	[]/[]/[]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
4	[]/[]/[]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
5	[]/[]/[]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
6	[]/[]/[]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
7	[]/[]/[]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
8	[]/[]/[]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
9	[]/[]/[]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
10	[]/[]/[]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
11	[]/[]/[]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
12	[]/[]/[]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
13	[]/[]/[]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
14	[]/[]/[]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
15	[]/[]/[]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
16	[]/[]/[]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
17	[]/[]/[]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
18	[]/[]/[]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
19	[]/[]/[]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
20	[]/[]/[]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$

[Empty box at bottom left]

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Delivery Information

1. If Type of Fuel Sold on page 1 was "O = Other", enter the specific type of fuel below. If a mixture of fuels was sold, enter the types of fuel and proportion of each. Leave blank if not applicable.

2. What is the maximum capacity in gallons of fuel that can be stored in the storage tank(s) at this address? Enter the capacity for the two largest tanks in the boxes below. Leave blank if not known.

Tank 1 Capacity
 Gallons

Tank 2 Capacity
 Gallons

3. What was the source of information about deliveries to this address? Check all that apply.

- From company records
 An estimate made by a company representative
 Information secured from the customer

Account Information

4. Was this household your customer as of January 1, 2009?

Yes No

- a. If no, when did this household become a customer of your company?

Date:	MM/DD/YY
	<input type="text"/> / <input type="text"/> / <input type="text"/>

5. Is this household currently your customer?

Yes No

- a. If no, when did this household stop receiving deliveries?

Date:	MM/DD/YY
	<input type="text"/> / <input type="text"/> / <input type="text"/>

Comments

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