



### 2009 RECS Fuel Oil and Kerosene Usage Form

Delivery Address:

Account Number:

Please provide information on fuel oil usage for this delivery address between *September 2008 and April 2010.*

Delivery Number	Enter the Delivery Date for each delivery  MM/DD/YY	Type of Fuel Sold was:  1=Fuel Oil #1 2=Fuel Oil #2 3=Kerosene 4=Other  (select one)				Enter the Amount Delivered in Gallons  XXXX	Enter the Price per Gallon  \$ X.XX	Enter the Total Dollar Amount including taxes  \$ XXX.XX  [Exclude late fees, merchandise, repairs, and service charges]
		1	2	3	4			
1	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	
2	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	
3	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	
4	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	
5	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	
6	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	
7	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	
8	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	
9	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	
10	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	
11	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	
12	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	
13	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	
14	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	
15	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	
16	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	
17	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	
18	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	
19	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	
20	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	





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### Delivery Information

1. If Type of Fuel Sold on page 1 was "4 = 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	Tank 2 Capacity
<div style="display: inline-block; border: 1px solid black; width: 100px; height: 25px; vertical-align: middle;"></div> Gallons	<div style="display: inline-block; border: 1px solid black; width: 100px; height: 25px; vertical-align: middle;"></div> 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 style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" 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 style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

Comments

Draft

