

STATE OF VERMONT
Fuel Requirements

A separate form is requested for each site that needs fuel and for each different fuel.

TOWN: _____ Are you a Political Subdivision _____

PHYSICAL LOCATION: _____

DEPARTMENT: _____

AGENCY: _____

CONTACT TO ARRANGE DELIVERY _____ @ _____
(Telephone Number)

E-MAIL ADDRESS: _____

FUEL TYPE NEEDED:	_____ Gasoline	_____ #1 Fuel Oil
	_____ Diesel	_____ #2 Fuel Oil
	_____ Bio-Diesel***	_____ #4 Fuel Oil
	_____ LP Gas	_____ #6 Fuel Oil
	_____ Log Wood	# cords per year _____
	_____ Wood Chips	# tons per year _____
	_____ Wood Pellets	# tons per year _____

*** Please specify % i.e.: B20/B10/B5

NUMBER OF TANKS (if applicable): _____

TANKS ARE LOCATED (if applicable): _____ Above Ground _____ Underground

TANK SIZE: _____ Is this tank the property of the State of Vermont _____ Yes _____ No

IF NO PLEASE ADVISE WHO OWNS TANK _____

IF YES PLEASE PROVIDE PROOF OF OWNERSHIP (LP GAS ONLY) _____

ANNUAL USAGE: _____ (Estimated)

Would you like this site to be: Will Call _____ Automatic Delivery _____

MOTOR TRANSPORT DELIVERIES ARE WILL CALL ONLY – NO AUTOMATIC

IS THIS SITE STATE OWNED OR LEASED? _____

DO YOU REQUIRE REPAIR/MAINTENANCE FROM AN OUTSIDE VENDOR SOURCE?

_____ YES _____ NO

INVOICE TO: _____

This form was filled out by: _____ on _____
(Date)

Contact # _____ Email Address: _____

Instructions

The fuel requirement form is to be used by all State of Vermont Agencies and Departments that require fuel to be purchased. It is very important that all of the requested information in provided on this form.

Once you have completed the form, forward it via fax--802-828-2222, e-mail to:betsy.laraway@state.vt.us or regular mail to Betsy Laraway; Office of Purchasing and Contracting, 10 Baldwin Street, VT 05633-7501

Any questions, please feel free to contact me at 802-828-4658.