



**UTILITY PROGRAMS**  
A branch of the Human Services Division

# Vendor Verification Form

TODAY'S DATE: \_\_\_\_\_ INTAKE WORKER: \_\_\_\_\_ VENDOR: \_\_\_\_\_

VENDOR EMPLOYEE NAME: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

**AMOUNT OWING: \$ \_\_\_\_\_ FOR WATER PAYMENTS ONLY— TOTAL WATER/SEWER/STORM: \$ \_\_\_\_\_**

**PRIMARY NAME(S) ON ACCOUNT (EXACT): \_\_\_\_\_**

*NOTE AUTHORIZED PERSON ON VENDOR SCREEN. COMMENT ON VENDOR SCREEN IF PERSON IS NOT IN HOUSEHOLD*

SERVICE ADDRESS: \_\_\_\_\_

**ACCOUNT STATUS FOR ELECTIC, NATURAL GAS AND WATER-WASTEWATER-STORM:**

CURRENT:      PAST DUE:      SHUTOFF 1-5 DAYS:      SHUTOFF 0-24 HOURS:      DISCONNECTED:

**FOR BULK FUELS ONLY—DOES APPLICANT NEED FUEL DELIVERED?      YES      NO**

VENDOR DELIFERY FEE IF NEEDED: \_\_\_\_\_ MINIMUM ORDER AMOUNT NEEDED FOR DELIVERY: \_\_\_\_\_

ACCOUNT STATUS FOR PROPANE, WOOD, OIL OR PELLETS:      BULK FUEL *(HAS FUEL)*      BULK FUEL OUT *(HAS NO FUEL)*



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