



Office of Temporary and Disability Assistance

ANDREW M. CUOMO
Governor

SAMUEL D. ROBERTS
Commissioner

BARBARA C. GUINN
Executive Deputy Commissioner

New York State Home Energy Assistance (HEAP) VENDOR CHANGE FORM

INSTRUCTIONS: Please use this form to notify OTDA of any changes. Submission of this form does not modify provisions in your vendor agreement.

NOTE: Oil/kerosene vendors changing from Option E to another pricing option must sign a new vendor agreement

Forms may be faxed to (518) 474-0985. Electronic scanned copies may be emailed to: HEAP.Vendor@otda.ny.gov. Mailed forms should be returned to: NYS Office of Temporary and Disability Assistance, 40 N. Pearl Street 11-B, Albany, NY 12243.

VENDOR/COMPANY NAME _____

CHANGE—Check all that apply.

Oil/Kerosene pricing option Change from _____ to _____

New Contact Information

NAME _____

ADDRESS _____

PHONE _____ FAX _____ EMAIL _____

ADD or DELETE TO SERVICES PROVIDED

ADD the following counties to service territory

DELETE the following counties from service territory

BECAME INCORPORATED: Business name change _____

OTHER BUSINESS NAME CHANGE _____ DUE TO SALE,
ACQUISITION OR OTHER REASON

OTHER change: _____

COMPLETED BY _____

SIGNATURE _____ DATE _____