



# Office of Temporary and Disability Assistance

## Home Energy Assistance Program Vendor Change Form

**Instructions:** Please use this form to notify OTDA of any changes. Oil/kerosene vendors changing from Option E to another pricing option must sign a new vendor agreement. Submission of this form does not modify provisions in your vendor agreement.

**Vendor/Company Name:** \_\_\_\_\_

**Check all that apply:**

Oil/Kerosene pricing option: Change from: \_\_\_\_\_ to: \_\_\_\_\_

**New Contact Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Add or Delete 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 \_\_\_\_\_

Other change: \_\_\_\_\_

**Completed By:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Forms may be faxed to (518) 474-0985.

Electronic scanned copies may be emailed to: [HEAP.Vendor@otda.ny.gov](mailto: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.