



Office of Temporary and Disability Assistance

ANDREW M. CUOMO
Governor

SAMUEL D. ROBERTS
Commissioner

BARBARA C. GUINN
Executive Deputy Commissioner

Home Energy Assistance Program (HEAP) VENDOR NOTICE OF TERMINATION OF PARTICIPATION

This is to notify NYS OTDA that _____
has opted to terminate participation the Home Energy Assistance Program.

Please check applicable box(es):

- Terminate all participation in HEAP
- Terminate performance of heating equipment repair/replacement work but will continue to sell and deliver commodity
- Terminate sale and delivery of commodity but will continue to perform heating equipment repair/replacement work
- Terminate Cooling Assistance Services

ALL VENDORS REMAIN OBLIGATED TO:

1. Return all program funds and customer credits to the Local Social Services District.
2. Maintain fiscal records adequate for audit purposes for a period of not less than three program years (current year plus three years) and will otherwise verify the proper disbursement of HEAP funds.

Company Name: _____

Doing Business As: _____

Telephone: _____ E-mail: _____

Physical Address: _____

City: _____ State: _____ Zip Code _____

Mailing Address: _____

City: _____ State: _____ Zip Code _____

Name: _____ Title: _____

Signature: _____ Date: _____

Termination effective 30 days from the date of receipt of this form by OTDA.

Please mail, fax, or email this notice to:

HEAP Bureau

40 North Pearl Street, 11B Albany, NY 12243

FAX: (518) 474-0985 Email for scanned copies: HEAP.Vendor@otda.ny.gov

OTDA USE ONLY

Received: _____

Database Updated: _____

Termination Effective Date: _____

County Notification(s) Sent: _____

Letter to Vendor Sent : _____