

Confidential Referral Form

Community Energy Fund of Lincoln County

P.O. Box 40, Bristol, ME 04539

Please email the order form to:

Info@communityenergyfund.com

Required Information

Date _____ Town/Agency _____

Authorized Person _____ Phone # _____

Person/Family Referred _____

Physical Address _____

Phone Number _____

Age 30 and under
 31-65
 65+

Single Parent YES
 NO

Select all that apply

Veteran
 Widow
 Medical Hardship *(Describe below in comments)*
 Job Displacement *(Describe below in comments)*
 Parent # Dependents _____

Comments *(Please describe)* _____

Energy Need Fuel Oil Propane CMP Wood Kerosene

Other *(Please describe)* _____

Supplier _____ Account# _____

For Community Energy Fund Use Only

Date Paid _____

Check# _____

Amount Paid _____

Approved by _____

Date _____

Amount _____