



**Town of Alfred**  
**Office of the Selectmen**  
 PO Box 850  
 16 Saco Road  
 Alfred, ME 04002



**FUELING FEBRUARY APPLICATION**

Name (PRINT): \_\_\_\_\_

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

Mailing Address (If different): \_\_\_\_\_

Telephone/Cell phone Number: \_\_\_\_\_

Best time to call: \_\_\_\_\_

Number in Household: \_\_\_\_\_

One Months Net Income of Household (Take home pay): \_\_\_\_\_ (\*)  
 (\*Must bring in last 4 weeks of paystubs/SSI or any other proof of income)

Name of Fuel Company: \_\_\_\_\_

Type of Fuel: #2 Oil \_\_\_\_\_ K1 \_\_\_\_\_ Propane \_\_\_\_\_ (Please check one)

**\*\*Please read the Policy on reverse side of this application before signing. By signing this application you acknowledge and accept the terms of this policy.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Approved _____      Denied _____  Town Official: _____      Date: _____
---

This program is **NOT** under Statutes regarding Confidentiality. All information given above is Public knowledge.