Energy Vendor Refund Form

Energy Vendor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ eHEAT Energy Vendor #: \_\_\_\_\_\_\_\_\_\_\_\_

Make check payable to: **MN Department of Commerce** Mail Check to: MN Department of Commerce

Attn: EAP Refunds

 85 7th Place East, Suite 280

 St. Paul, MN 55101-2198

**Please provide the information below for all households included in the refund check.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Household** **eHEAT #** | **Energy Vendor** **Account #** | **Person’s Name on Account** | **Refund Amount** | **Reason for the refund** **(e.g., Moved, Deceased, etc.)** |
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|  |  | **Total Refunds Listed:** | **$** |  |