



## Heating Oil Insurance Program Change Order Form

Registration Number: \_\_\_\_\_

### I. Owner and Contact Information

Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
*Street City Zip Code*

Contact Name *(if different from owner)*: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
*Street City Zip Code*

### II. Site Information

Site Address: \_\_\_\_\_  
*Street City Zip Code*

### III. Reason for proposed change in Scope of Work. Provide supporting documentation, such as photos or figures, as attachments.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### IV. Proposed change to Scope of Work. Describe work to be performed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### V. Project Cost Change

Original Scope of Work amount:	\$ _____
Previous approved Change Order amount or deduction:	(\$ _____)
Requested Change Order amount:	\$ _____
New Total:	\$ _____



**VI. Change Order Terms**

Service Provider agrees to the following terms:

- Attach a detailed list for all costs of goods and services related to this Change Order.
- Written approval from PLIA is required before any work can begin.
- Change Order amount submitted is the total amount paid to the Service Provider once approved by PLIA.
- The service provider cannot exceed any cost limit(s) without prior written approval by PLIA.

Service Provider Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner has received this change order and authorizes the additional work to be performed as described. Owner understands that the work may not begin without written approval by PLIA.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_