Apply Today for Your Share of the \$80,000,000 Oil Overcharge Refund



Application for Crude Oil Refund	
Please Type or Print Read Instructions	s on Reverse Side Consumers
1 Applicant Name	3 Applicant Type (check box(s)
Street/Box Number City Zip Code Nebraska	☐ Individual ☐ Business ☐ Government ☐ School ☐ Is the business a ☐ City/Village
☐ Social Security ☐ Federal I.D. Number	☐ Hospital County ☐ Yes ☐ No
Contact Name (if different than above)	☐ Farm/Ranch ☐ Other (specify)
Area Code & Phone Number ()	4 Explain how you use petroleum products.
Refund to: (if different than above) Name	
Street/Box Number City Zip Code Nebraska	
Petroleum used from 8/19/73 to 1/27/81. Amount in Gallous Gasoline	5 Have you (or any parent firm, affilliate, and/or subsidiary) previously filed for a refund under the Stripper Well case? Yes No
☐ Diesel ☐ Propane TOTAL GALLONS ☐ Motor Oil	6 Did you do business under more than one name? Yes No If yes, list names.
Heating Oil	
Other	
How did you calculate the total gallons used?	
Used records. Located at:	
☐ Used estimates. Explain calculations:	

Send your refund request to: Subpart V Crude Oil Overcharge Refunds, Office of Hearings and Appeals, U.S. Department of Energy, 1000 Independence Ave., S.W., Washington, DC 20585. Address questions to: Irene Bleiweiss at (202) 586-2400.