

WHOLESALE DISTRIBUTOR PROPANE GALLON ASSESSMENT FORM

FIRST QUARTER 2025
Assessments Due April 25, 2025

Part A: Wholesale Distributor Submitting

Name of Individual Completing This Form		Telephone Number	
Name of Business/Wholesale Distributor		Tax ID Number	
Postal Address		Email Address	
City		State	Zip
	ssment Calculation doing business in Ohio for whom you on. (Copy form to include additional reta		essment of
Propane Retailer Assessed	Propane Retailer Location (Address, City, State)	Gallons Assessed	Assessment Due (Gallons assessed x \$0.002)
	Total A	Assessment Remitted for Q	1: \$
	ccurate and true to the best of my know one used in Ohio during this reporting p horized to sign and submit this report.		
Signature	ture Name (Printed)		
Title	Date		