



Gilford Fire-Rescue

(603) 527-4758

AVIATION FUELING VEHICLE

Street Number: _____ Street: _____

Property Owner: _____ Telephone: _____

Address if different from above: _____

Type of Occupancy: _____ Stories: _____

Installer: _____ Telephone: _____

Vehicle #1: _____

Vehicle #2: _____

Vehicle #3: _____

Requestor's Name

Signature of Applicant

Today's Date: _____

Fire Department Use

System Type: _____ **Fee \$ 15.00** **Check #** _____
\$15.00 per vehicle

Staff Signature _____ **Date Notified DPLU:** _____

Date/Time: _____ Inspector/Disposition
_____ 1 Inspection Annually _____

Final Inspection Passed: Inspector: _____ Date: _____
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