



# *Gilford Fire-Rescue*

**(603) 527-4758**

## **UNDER GROUND STORAGE TANK REMOVAL**

House Number: \_\_\_\_\_ Street: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address if different from above: \_\_\_\_\_

Type of Occupancy: \_\_\_\_\_ Stories: \_\_\_\_\_

Installer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Equipment to be removed: \_\_\_\_\_

\_\_\_\_\_  
Installer's Name

\_\_\_\_\_  
Signature of Applicant

Today's Date: \_\_\_\_\_

Fire Department Use

**System Type:** \_\_\_\_\_ **Fee \$** 30.00 **Check #** \_\_\_\_\_

**Staff Signature** \_\_\_\_\_ **Date Notified DPLU:** \_\_\_\_\_

Date/Time:

Inspector/Disposition

\_\_\_\_\_ Under ground Tank removal inspection \_\_\_\_\_

**Final Inspection Passed:** Inspector: \_\_\_\_\_ Date: \_\_\_\_\_