



Office of the State Fire Marshal
State Fire Marshal

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State Fire Marshal
Office of the State Fire Marshal

TANK CUTTING REQUEST FORM

Location: _____

Requestor: _____

Address: _____

Tel: (____) _____ Cut Date: _____

Fax: (____) _____

<u>Tanks</u>	<u>Gallons</u>	<u>Contents</u>
Tank #1		
Tank #2		
Tank #3		

Reason(s) for request: _____

NOTE: Include diagram with distances of tank/s to buildings, etc.

____ **REJECTED**

Reason: _____

____ **APPROVED**

Performed in accordance with all safety requirements including A.P.I. #1604 and any additional stipulations as dictated as follows: _____

Signed: _____

State Fire Marshal/Designee

Date: _____

Local Fire Authority: _____