TANK CUTTING REQUEST FORM

Location: ________________________________________________________________________________

________________________________________________________________________________

Requestor: ________________________________________________________________________________

Address: _________________________________________________________________________________

Tel: (______) ______________________   Cut Date:  _________________________________

Fax: (______) ______________________

<table>
<thead>
<tr>
<th>Tanks</th>
<th>Gallons</th>
<th>Contents</th>
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</thead>
<tbody>
<tr>
<td>Tank #1</td>
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<td>Tank #2</td>
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<tr>
<td>Tank #3</td>
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</tbody>
</table>

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: __________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

_____________________________________________    Date: _________________________

State Fire Marshal/Designee

Local Fire Authority: ____________________________

Rev. 7/2015