

Department of Licensing and Regulatory Affairs, Bureau of Fire Services, Storage Tank Division

P.O. Box 30033, Lansing, MI 48909
Phone 517-335-7211, Fax 517-332-1428

FACILITY INFORMATION SHEET

FACILITY NAME	FACILITY TYPE	FACILITY ID NUMBER
FACILITY STREET ADDRESS (P.O. BOX NOT ACCEPTABLE)	CONTACT PERSON (AT LOCATION)	AREA CODE & TELEPHONE NUMBER
CITY	STATE MI	ZIP CODE
TANK OWNER'S NAME	STREET ADDRESS	AREA CODE & TELEPHONE NUMBER
CITY	STATE	ZIP CODE

CONTRACTOR, LPG OR CNG GAS SUPPLIER INFORMATION

COMPANY NAME	AREA CODE & TELEPHONE NUMBER	
MAILING ADDRESS	CONTACT PERSON	TITLE
CITY	STATE	ZIP CODE

TANK INFORMATION

TANK #	PRODUCT	SERIAL NUMBER	MANUFACTURER	YEAR	CAPACITY	UPGRADE REQUIREMENTS MET (FL/CL)

FACILITY TYPE

AST		LPG		H2	CNG
<input type="checkbox"/> BULK PLANT	<input type="checkbox"/> PIPELINE	<input type="checkbox"/> DISTRIBUTION PLANT	<input type="checkbox"/> DISTRIBUTION POINT	<input type="checkbox"/> DISTRIBUTION POINT	<input type="checkbox"/> PRIVATE SS
<input type="checkbox"/> REFINERY	<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> DISTRIBUTION POINT	<input type="checkbox"/> INDUSTRIAL PLANT	<input type="checkbox"/> INDUSTRIAL PLANT	<input type="checkbox"/> PUBLIC SS
<input type="checkbox"/> MARINE SS	<input type="checkbox"/> PRIVATE SS	<input type="checkbox"/> INDUSTRIAL PLANT	<input type="checkbox"/> MOTOR FUELING	<input type="checkbox"/> MOTOR FUELING	
<input type="checkbox"/> PUBLIC SS	<input type="checkbox"/> OIL WELL	<input type="checkbox"/> MOTOR FUELING			
<input type="checkbox"/> OIL BURNING FACILITY					

INSPECTOR _____ DATE _____