

FEE:

OFFICE OF THE
BOARD OF HEALTH
13 EAST CENTRAL STREET
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**APPLICATION FOR
UNDERGROUND STORAGE TANK REGISTRATION**

ADDRESS OF TANK(S) LOCATION:

OWNER:

MAILING ADDRESS:

CONTACT PERSON:

TELEPHONE:

DESCRIPTION OF TANKS (include number of tanks, size, materials of construction, contents, and age or date of installation for each):

TYPE OF LEAK DETECTION SYSTEM:

METHOD OF RECORDING INVENTORY (losses or gains)

NAME OF PERSON COMPLETING THIS FORM:

SIGNATURE:

DATE:
