



City of New Rochelle Fire Department

90 Beaufort Place, New Rochelle N.Y. 10801
(914) 654-2212



APPLICATION TO TEST TANKS

Tank Location Address: _____

Property Owner: _____ Address: _____

Testing Company: _____ Phone: _____

Address: _____ City: _____

Testers Name: _____

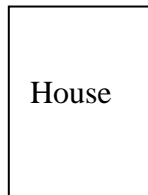
New Rochelle License # _____ System Used: _____

Number of Tanks _____ Size of Tanks _____

Tank Product _____ **FEE:** _____ (**\$100.00 per tank**)

Requested Time & date of inspection _____

Tank location on property _____



Street

FOR OFFICIAL USE:

Approved by: _____ Date: _____

Receipt #: _____ Date: _____