

# Tank Replacement Notification Form

Place Facility Label Here  
Board Use Only

## Owner Information

Owner Name _____	Contact Name _____
Mailing Address _____	Phone # _____
City, State Zip _____	

## Facility Information

Facility Name _____	BUSTR ID _____
Facility Address _____	County _____
City, Zip _____	Phone # _____

## Removed Tanks

	Product	Capacity	Removal Date	Month & Year Last Used	Used for Heating on Premises?	Used for Emergency Generator?
Tank #1	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tank #2	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tank #3	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tank #4	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Installed Tanks

	Product	Capacity	Installation Date	Date Product Placed in Tank	Used for Heating on Premises?	Used for Emergency Generator?
Tank #1	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tank #2	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tank #3	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tank #4	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Title** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

Return to:  
**Petroleum UST Board**  
**Post Office Box 163188**  
**Columbus, OH 43216-3188**

**OR** Fax to:  
**(614) 752-8397**