Jurisdictional LP Gas Facilities Report

Operator: _____ **Address:** _____

Contact: _____ **Telephone:** _____

Email: _____

Facility ID	Jurisdictional System Name & Location	Property Owner Contact Info	# of customers (could be one or more – see definition)	Tank Size (gallons)

_____I do not operate any Jurisdictional LP Gas Facilities

_____I declare that, to the best of my knowledge & belief, this information is true, correct & complete

Signed: _____

Print: _____ **Date:** _____