



Division of the State Fire Marshal
118 Parade Street
Providence, RI 02909
Phone: 401-462-4200 Fax: 401-462-4250

TANK CUTTING REQUEST

LOCATION: _____

REQUESTOR: _____

ADDRESS: _____

TEL: (____) _____ CUT DATE: _____

FAX: (____) _____

	Gallons	Content
TANK #1		
TANK #2		
TANK #3		

REASONS FOR REQUEST: _____

(Include diagram with distances of tank/s to buildings, etc.)

___ **REJECTED:** Reason: _____

___ **APPROVED:** Performed in accordance with all safety requirements including A.P.I.

#1604 and any additional stipulations as dictated as follows: _____

Signed: _____ Date: _____
State Fire Marshal/Designee

Local Fire Authority: _____