

TANK CLOSURE NOTIFICATION

Notify the Department by phone at least 48 hours prior to the requested inspection time.

To: DOH-Tanks@westchestergov.com

Date: _____

FACILITY	CONTRACTOR
PBS No.	Company
Site Name	Contact
Address	Telephone
City	Requested Closure Date
Provide Specific Tank Location details	Requested Inspection Time
	Contact Email
	Contact for onsite crew: phone/email

TANK INFORMATION			
Tank ID	Capacity	Product Stored	Type
			<input type="checkbox"/> Removal <input type="checkbox"/> Closure in place
			<input type="checkbox"/> Removal <input type="checkbox"/> Closure in place
			<input type="checkbox"/> Removal <input type="checkbox"/> Closure in place
			<input type="checkbox"/> Removal <input type="checkbox"/> Closure in place
			<input type="checkbox"/> Removal <input type="checkbox"/> Closure in place
			<input type="checkbox"/> Removal <input type="checkbox"/> Closure in place
Additional Comments:			

***This request is not automatically scheduled. You will receive an email confirming scheduled date and time of the tank closure. If you are unable to keep scheduled appointment contact the Department immediately at 914-813-5161**