Arkansas Department of Public Safety
Division of Emergency Management

Local Official Authorization for Aboveground Storage Tank Installation

Date: _____

Name of Tank Owner: _____

Location: _____
Physical Address

_____ _____ _____
City County Zip

Number of Tanks applying for: _____

Size/Capacity of each tank: _____

Total number of tanks at this location: _____

Date: _____

Local Fire Official Name: _____

Local Fire Official Signature: _____

Arkansas' Homeland Security & Disaster Preparedness Agency
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