



REPORT OF APPARENT LP-GAS REGULATIONS VIOLATION

Name of Occupant/Facility: _____

Physical Address of Violation: _____

(City)

(County)

(Driving Directions)

In filling out this form show an exact, easy to locate, physical address (Route 4, Box 109 is known only to the mailman.).

Describe Violations (s) including Regulation Number(s): _____

List the specific regulation (s) violation(s) by number, i.e., 3-2.2.2. - AThe 1,000 gallon tank is five feet from the restaurant building.@

Name of Propane Marketer servicing the installation:

(Address)

(City)

This was prepared by me or under my supervision and direction, and thus the date and facts stated above are true and correct to the best of my knowledge.

Signature

Company

Name - print or type

Date

Send to: Safety & Compliance Committee
Michigan Propane Gas Association
1000 West St. Joseph Highway, Suite 200
Lansing, MI 48915
Phone: (517) 487-2021

Fax: (517) 485-9408