

# GENERATOR FUELING INFORMATION



COMPANY: \_\_\_\_\_

SHIP TO ADDRESS (STREET/CITY/ZIP): \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

CONTACT: \_\_\_\_\_

BILL TO ADDRESS (IF DIFFERENT): \_\_\_\_\_

\_\_\_\_\_

## EMERGENCY CONTACT

BUSINESS PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ HOME: \_\_\_\_\_

DIRECTIONS FROM CHAGRIN FALLS TO FUEL SITE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TANK SIZE: \_\_\_\_\_ NUMBER OF TANKS: \_\_\_\_\_

LOCATION OF TANKS: \_\_\_\_\_

LOCATION OF FILL TUBE: \_\_\_\_\_

ANY ACCESS INFO (GATES, GUARDS, LOCKS, ETC.) \_\_\_\_\_

\_\_\_\_\_

IS KEY REQUIRED? \_\_\_\_\_ WHO HAS KEY? \_\_\_\_\_

PRODUCT GAS \_\_\_\_\_ OFF-ROAD DIESEL \_\_\_\_\_

HOW OFTEN ARE TEST CYCLES RUN? \_\_\_\_\_ HOW LONG? \_\_\_\_\_

PROJECTED FUEL USE (CONSUMPTION RATE IN GALS/HOUR) \_\_\_\_\_

WHAT IS GENERATOR USED FOR? \_\_\_\_\_

TICKETS LEFT AT LOCATION? \_\_\_\_\_ MAILED TO OFFICE? \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

Please attach any additional information you feel would help us serve your fuel needs (maps, diagrams, additional contacts, phone numbers, etc.)

