Armstrong Oil & Propane, LLC
HOD #1060
58 Main Street
Terryville, CT 06786
860-582-7700

PROPANE TANK OWNERSHIP AFFIDAVIT

DATE: _____

I, _____, residing at _____,
(Property Street Address)

_____, verify that I wholly own the _____gallon
(City/Town, State, Zip Code) *(#Tank, size & capacity)*

capacity Propane tank(s) located at the address listed above. I further verify that I do not have any contractual rental agreements, service agreements, or supply agreements with any other propane company(s) with relation to the propane tank(s) located at the above-mentioned address.

TANK SERIAL NUMBER: _____ Manufacturer Date: _____

Last DOT Certification Date (if applicable): _____

_____ Date: _____

Property Owner Signature

_____ Date: _____

Armstrong Oil and Propane LLC