



Metro Public Health Dept

Nashville / Davidson County

Protecting, Improving, and Sustaining Health

GASOLINE DISPENSING FACILITY ANNUAL THROUGHPUT REPORT

One copy of this form must be completed for each gasoline dispensing facility located in Nashville, Davidson County, Tennessee.

Facility Name: _____ Existing Permit No.: _____

Mailing Address: _____

Physical Location: _____ Telephone No.: _____

Owner or Responsible Official: _____ Title: _____

MONTHLY THROUGHPUT (Gallons)		
	GASOLINE	DIESEL
JANUARY		
FEBRUARY		
MARCH		
APRIL		
MAY		
JUNE		
JULY		
AUGUST		
SEPTEMBER		
OCTOBER		
NOVEMBER		
DECEMBER		
TOTAL ANNUAL		

I hereby certify that to the best of my knowledge the information contained in this report is true, accurate and complete for calendar year _____.

Signature of Responsible Official

Date