

(PIPELINE DIVISION EMERGENCY NUMBER: (504) 342-5505)

Company Name: _____	Telephone Number: _____
Company Address: _____	Fax Number: _____
	Contact Person/Title: _____

PHYSICAL LOCATION OF THE INCIDENT AND/OR ACCIDENT:

NAME OF FACILITY _____			
DATE OF INCIDENT AND/OR ACCIDENT _____	TIME _____		
OCCURRENCE _____	FIRE _____	GAS LEAK _____	EXPLOSION _____
NATURAL GAS SUPPLIER _____			

GENERAL DESCRIPTION OF THE INCIDENT AND/OR ACCIDENT: (USE ADDITIONAL SHEETS IF NEEDED):

THE APPLICATION FOR THIS CNG FACILITY WAS FILED UNDER DOCKET NO. PL _____ CNG AND APPROVED BY PL ORDER NO. _____.
HAS THE FACILITY BECOME NON-OPERATIONAL DUE TO THE INCIDENT AND/OR ACCIDENT? __ YES __ NO

TYPE OF SERVICE INTERRUPTED:			
_____ GENERAL PUBLIC	_____ PRIVATE FLEET	_____ PUBLIC TRANSPORTATION	
_____ STATE GOVERNMENT	_____ LOCAL GOVERNMENT	_____ SCHOOL BUS	_____ OTHER
TYPE OF REFUELING INTERRUPTED:		_____ QUICK FILL	_____ SLOW FILL

Address all communications concerning this application to: _____ _____ _____ _____	I hereby certify that this application has been examined by me and that the Statements therein contained are to the best of my knowledge and belief true, correct and complete. _____ NAME OF OPERATOR/APPLICANT SIGNATURE: _____ TITLE: _____
Date: _____	