REFUSAL TO FILL CYLINDER DOCUMENTATION FORM

COMPANY_____ **LOCATION**_____

DATE/TIME	CUSTOMER SIGNATURE OR NAME	CYLINDER	CYLINDER	REASON FOR REFUSAL TO FILL	EMPLOYEE NAME
	Obtain customer's signature or vehicle tag #.	SIZE (lbs.)	SER #		

This form should be kept with the cylinder requalification book at the propane dispensing station. LPGM 01-2004