

BURN BAN REQUEST

Date of Request: _____

Ban requested by: _____

Title: _____

Dept: _____

Phone: _____

Email: _____

Area/county to be placed under open burning prohibition: _____

Ban effective date: _____

Ban effective time: _____

If the area includes fire districts outside that of the official requesting the ban, have they been notified of and do they support the ban? Yes No

Fire departments included in this ban: All

If not all, please list departments _____

County Sheriff: _____

Email: _____

Phone: _____