

OFFICE OF THE FIRE MARSHAL Open Burning Request

Today's Date: _____

Open Burning Event Date: _____

Applicant's Name: _____

Farm Name: _____

Address: _____

Address of Open Burn, if Different from Home: _____

Phone (Business): _____

Phone (Cell/Home): _____

Email: _____

Type/Description of items to be burned: (Farm Residue Only!)

Approximate Duration of Burn (hours/minutes): _____

Ignition Source: _____

Will this burning be a health hazard or inconvenience to any of your neighbors? (If yes, please explain): _____

TOWNSHIP USE ONLY:

Approved: _____

Fee – Paid: _____

Declined: _____

Check No: _____

Signature: _____

Date: _____

John C. Kernan, Fire Marshal