



BUTTE COUNTY FIRE SAFE COUNCIL MATCH HOURS TRACKING SHEET



FIREWISE USA™
Residents reducing wildfire risks

Please see the back of this form for how to submit your hours.

Name (*One person per sheet*): _____

Firewise USA Community Name (if applicable): _____

Butte County Physical Address: _____ City: _____

Phone: _____ Email: _____

Date (1 day per entry)	Description of Activity	Start Time	End Time	Mileage	Total Hours
Grand Total					

Financial Contribution:

If you paid a third party to perform work on your property, fill in details below and **attach the receipt** to be counted.

Date	Description of Activity	Financial contribution, cash, and/or amount paid
/ /20__		
/ /20__		

I attest that the information provided above is true and correct and the hours noted above were completed by me personally.

Signature: _____ **Date:** _____