

Four States Timberland Owners Association

Controlled Burning Report

Date:

Landowner Name:

Person Responsible for the burn:

Phone:

Contractor Name:

Phone:

State:

County:

Legal Description:

Attach map of burning site

Any use, access, and/or tenure rights held by other parties?

Yes

No

If yes, please explain

Contact made with other use/access owners prior to treatment?

Yes

No

Please explain
either answer

Contractor has all the required insurance?

Yes

No

If no, please explain

Contract has language requiring compliance with all laws, regulations, and safety requirements?

If no, please explain

Yes

No

Date of the burn:

Purpose/reason:

Time of the burn:

Daylight

Night Time

Acres to be burned:

Location of the nearest sensitive area(s)

Comments:

Burn Evaluation:

Signed: _____

Date: _____