

TOWN OF EAGAR BURN PERMIT

NAME OF REQUESTOR: _____

ADDRESS OF BURN: _____

CONTACT TELEPHONE #: _____

DATE OF BURN: _____

BURN STIPULATIONS:

- 1. NO BURNING DURING BREEZY OR WINDY CONDITIONS;**
- 2. WATER AVAILABLE THAT WILL REACH THE PERIMETER OF THE BURN AREA;**
- 3. BURN WILL BE ATTENDED UNTIL FIRE IS DEAD OUT;**
- 4. TELEPHONE AVAILABLE TO CONTACT 911 IN THE EVENT OF AN ESCAPE;**
- 5. NO BURNING OF ANY HOUSEHOLD TRASH, PLASTICS; TIRES OR ANY MATERIAL THAT MAY PRODUCE HARMFUL SMOKE;**
- 6. CONTACT APACHE COUNTY DISPATCH AT 337-4321, TO INFORM THEM OF THE BURN, PRIOR TO IGNITION.**

SIGNATURE OF REQUESTOR: _____

AUTHORIZING SIGNATURE: _____

NO BURNING IS ALLOWED WHEN FIRE RESTRICTIONS ARE IN PLACE.