

PLEASE PROVIDE THIS INFORMATION FOR EACH GRAZING SITE. ATTACH MULTIPLE COPIES OF THIS PAGE IF NECESSARY.

GRAZING SITE INFORMATION	
Location:	
Area/Acres to be Grazed:	
Map Attached:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Description of the vegetation and/or fuels abated:	
Expected Start Date:	
Expected End Date:	
Number of Animals:	
If animals will be moved across a public street, list street name(s):	

Conditions of Approval

FIRE DEPARTMENT USE ONLY	Permit Terminated by:
Print Name and Title: _____	
Signature: _____	Date: _____
<input type="checkbox"/> Post Grazing Photos Received	Date: _____