

Plumas County Fire Safe Council



Application for Service

What type of assistance do you require? (Check all that apply)

- Senior/Disabled defensible space treatment (Free or cost based on ability to pay)
- Community Fuel Reduction (grant funded with parcel owner cost-share)
- "Curbside" chipping (grant funded with parcel owner cost-share)

Contact Information

Applicant Name(s):	
Address – Physical (Situs):	
Address - Mailing:	
Community/Town:	
Zip	
Phone Number:	
E-mail Address:	
In what community is your property located?	
Assessor Parcel Number (APN)	
Parcel Size (Acres)	
Estimate of acres to receive hazardous fuel reduction treatment?	

The property has a habitable structure. (Check one) YES NO

I pay the annual SRA Fire Prevention Benefit Fee. (Check one) YES NO DON'T KNOW

Provide brief description of what you wish to have treated:

Brief description of why you would like the area treated:

MORE ON BACK

P. O. Box 1225, Quincy, CA 95971
(530) 283-0829
www.plumasfiresafe.org

Submitting this application does not constitute any sort of obligation for participation.

However, your signature below acknowledges that representatives from the Fire Safe Council, including foresters, archaeologists, and the Fire Safe Council coordinator, may access the property to develop a treatment plan. **The treatment plan must be signed by the landowner before any work can begin.**

Should you opt to participate, there are important policies and cost-share requirements to consider. Information about the policies and cost-share requirements can be obtained at:

<http://www.plumasfiresafe.org/assistance-opportunities.html>

I have read and understand the cost-share assistance policies of the Plumas County Fire Safe Council. As the legal property owner(s) I would like discuss the requested services further. I wish to have my property assessed as a candidate for program assistance. This expression of interest and request for assistance is not an agreement to actually perform the work.

Applicant Signature: _____ **Date:** _____

Applicant Signature: _____ **Date:** _____

Questions can be answered by calling the Plumas County Fire Safe Council at (530) 283-0829.

<p style="text-align: center;">For Plumas Fire Safe Council Use</p> <p>Date received: _____</p> <p>Confirmation of receipt: <input type="checkbox"/> Email <input type="checkbox"/> Phone Date: _____</p> <p><input type="checkbox"/> Added to contact list</p>

www.plumasfiresafe.org