

# THE CORPORATION OF THE TOWNSHIP OF DAWN-EUPHEMIA

4591 Lambton Line, RR 4, Dresden ON, N0P 1M0 Tel: 519-692-5148 Fax: 519-692-5511

Email: admin@dawneuphemia.on.ca Fire Chief: David Williams



## OPEN AIR BURNING NOTIFICATION

(VALID ONLY ON DATES SPECIFIED)

(Print Clearly)

<b>NAME</b>			<b>DATE</b>	
Last Name		First Name		Phone
				Fax
<b>Called-In</b> <input type="checkbox"/>	<b>Emailed</b> <input type="checkbox"/>	<b>In-Person</b> <input type="checkbox"/>	<b>Faxed</b> <input type="checkbox"/>	<b>Mailed-In</b> <input type="checkbox"/>
<input type="checkbox"/> I am the registered property owner; or <input type="checkbox"/> I have the permission of the registered property owner.				
<b>MAILING ADDRESS</b>				
Street Address		City/Town		Postal Code
<b>ADDRESS LOCATION OF PROPOSED FIRE</b>				
Street Address		City/Town		Nearest Intersection
<b>DETAILED MAP</b>			<b>Materials to Burn</b>	
			_____	
			_____	
			_____	
			_____	
			<b>Proposed Dates</b>	
			_____	
			mm/dd/yy      mm/dd/yy	
			cannot exceed 2 weeks	
			<b>Proposed Times</b>	
			_____ to _____	
			a.m./p.m      a.m./p.m.	
			<b>Duration of Proposed Burn</b>	
		# of days		
<b>BURN SUPERVISOR</b> (Must be 18 years of age or older)			<b>Describe Proximity of Proposed Fire to:</b> (specify metres or feet)	
Last Name		Phone		Building(s): _____
First Name		Cell		Overhead Wires: _____
				Other Combustibles: _____
<b>FOR OFFICE USE ONLY:</b>			<b>Agreement to Terms and Conditions</b>	
<input type="checkbox"/> Date Received _____			I/We have received and carefully reviewed the contents of the "Open Air Burning By-Law" applicable in the Township of Dawn-Euphemia and agree to the terms and conditions stated therein. I further agree to indemnify the Corporation of the Township of Dawn-Euphemia against any liability or claims incurred or any costs or expenses in controlling or extinguishing the fire contemplated under this Notification Form and against all losses, costs, charges and expenses which may incur in consequences thereof.	
<input type="checkbox"/> Fax to CACC _____				
<input type="checkbox"/> Processed by _____				
			<b>Signature:</b> _____	
<b>You must contact the Municipal Office during business hours with ANY changes - 519-692-5148.</b>				