

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: Don Ewing



OPEN AIR BURNING NOTIFICATION

(VALID ONLY ON DATES SPECIFIED)

(Print Clearly)

NAME		DATE	
Last Name		First Name	
		Phone	
		Fax	
Called-In <input type="checkbox"/>	Emailed <input type="checkbox"/>	In-Person <input type="checkbox"/>	Faxed <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.			
MAILING ADDRESS			
Street Address		City/Town	Postal Code
ADDRESS LOCATION OF PROPOSED FIRE			
Street Address		City/Town	Nearest Intersection
DETAILED MAP		Materials to Burn	

		Proposed Dates	
		_____ _____ mm/dd/yy mm/dd/yy cannot exceed 2 weeks	
		Proposed Times	
		_____ to _____ a.m./p.m a.m./p.m.	
		Duration of Proposed Burn	
		# of days	
BURN SUPERVISOR (Must be 18 years of age or older)		Describe Proximity of Proposed Fire to: (specify metres or feet)	
Last Name		Phone	
First Name		Cell	
		Building(s): _____	
		Overhead Wires: _____	
		Other Combustibles: _____	
Agreement to Terms and Conditions			
FOR OFFICE USE ONLY:		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"/> Date Received _____			
<input type="checkbox"/> Email to DEFD _____			
<input type="checkbox"/> Processed by _____		Signature:	
You must contact the Municipal Office during business hours with ANY changes - 519-692-5148.			