

Planned Prescribed Fire Report

Date Submitted:		Planned Start Date	Number of	
Agency	RX Name		Days	Acres

Strategy/Fuel Type	Legal			Latitude			Longitude		
	Township	Range	Section(s)	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
Medivac LAT/LONG (If different than above)									
Aviation Information (filled in by Cody Dispatch)				VOR		Bearing		Distance	

Dispatch Has Burn Plan? Yes <input type="checkbox"/>	No <input type="checkbox"/>	CDC Notifications:	Burn Boss:
Remarks/Contingent Resources			

Send completed form to wycdc@firenet.gov