



When completed, send to coftc@firenet.gov

Must be sent **Prior to Project Start Date**
(48 hours prior)



PRESCRIBED BURN NOTIFICATION

Agency / District:

Project Name:

Unit Name or Number:

Planned Start Date:

Number of Burn Days:

Acres:

Strategy:

Type:

Extended Dispatch Staffing:

Field Contact:

Cell Number:

Radio Channel:

Project Latitude: (Degrees, Decimal Minutes) °

Project Longitude: (Degrees, Decimal Minutes) °

General Area Location:

Staging Area Location:

Medivac Latitude: (Degrees, Decimal Minutes) °

Medivac Longitude: (Degrees, Decimal Minutes) °

Travel Route for Ground Transport:

FOR DISPATCH CENTER USE ONLY

COUNTY DISPATCH	VOR BEARING	DISTANCE (nm)	VOR AIRPORT