

# COMANCHE NATION FIRE/ EMR DEPARTMENT

## Controlled Burn Application

### Applicant Information

Name:	Date:	
Address:		
City:	State:	Zip Code:

### Burn Location

The undersigned (applicant) is authorizing the Comanche Nation Fire Department to conduct a Controlled burn of the following location.

#### Location of Controlled Burn

Address: \_\_\_\_\_

City/ State: \_\_\_\_\_

Zip code: \_\_\_\_\_

Phone # \_\_\_\_\_

Directions: \_\_\_\_\_

### Briefly explain what you are requesting to burn:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Brush Piles # of piles

Field Burn Total Acres

Other : \_\_\_\_\_

Any other request: \_\_\_\_\_

The applicant acknowledges and understands that burn operations may result in uncontrollable or escaped wildfire situations, due to circumstance beyond the control of the applicant or the Fire Department. Applicant accepts total responsibility and associated liability for all resulting escaped wildfire situations that may occur under the terms of the request.

The applicant acknowledges and understands that during the burn Fire Department vehicles may cause damage to property. Applicant accepts total responsibility and associated liability for any damages. The Comanche Nation Fire Department will not burn any trash. All piles must be pre-piled the Comanche Nation Fire Department will not pile trees or limbs.

### Liability Agreement

"I \_\_\_\_\_ agree to indemnify and hold harmless the Comanche Nation Fire/ EMR Department, its officers, employees, and agents, from any and all claims, demands, causes of action, or suits at law or equity for any injury, damage, or loss that may occur to me or to any third party as a result of my participation in the medical standby event request.

Printed Name: \_\_\_\_\_

Signature/ Date: \_\_\_\_\_

Staff Printed Name: \_\_\_\_\_

Staff Signature/ Date: \_\_\_\_\_

