

**Columbus Rural Fire District/Beartooth RC&D Fuels Reduction Project  
PO Box 285  
Columbus, MT 59019**

**Application Form  
Fire Reduction Project**

**Applicant Information:**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: Home: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Cell: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Other: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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

Contact Person: \_\_\_\_\_

Address and phone if different from applicant: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Landowner and/or lessee name, address and telephone (if other than applicant),

\_\_\_\_\_

\_\_\_\_\_

**Project Information:**

Legal Description: Township: \_\_\_\_\_, Range: \_\_\_\_\_, Section: \_\_\_\_\_, Quarter Section: \_\_\_\_\_,  
Subdivision Name: \_\_\_\_\_, Lot Number: \_\_\_\_\_

Purpose: (why are you looking at requesting fuels management work?)

Defensible Space Practices:  
Hazard Reduction Thinning:  
Hazard Prevention Thinning:

Hazard Reduction:  
Debris Pile Burning:

**Briefly describe your project:**

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**Include any site maps, forest management plans, photos and/or sketches with this application.**

**Project size and scope. (If this project will be divided into several subprojects and/or take more than one to complete, please describe that here).**

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**Project Benefits:**

**What fire related or hazard reduction benefits will be accomplished when your project is completed?**

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**Cost of Project:**

Cost-share funds requested \$ \_\_\_\_\_

Applicant's contributions \$ \_\_\_\_\_

Total Projects Cost \$ \_\_\_\_\_

**Authorizing Statement:**

**I (we) hereby declare that the information, and all statements attached to this application are true, complete, and accurate to the best of my (our) knowledge.**

**Applicants Signature: \_\_\_\_\_, Date: \_\_\_\_\_**