

FIRE DEPARTMENT INVOICE FOR SERVICES

BILLED TO:	Invoice # (FDID#, FD Report#):
MN DNR Forestry (address)	Pay to: (address)
Phone:	Phone:
Fax:	Fax:
	State Vendor ID:
	Coop. Agrmt.# (YY RAN FDID#):

FIRE INFORMATION

Date of Fire:	Fire Dept. Report No:
Landowner:	Approx. Acres Burned:
Address or Location:	County:
Legal Description of Fire Origin: (example: NENW, Sec. 16, T56. R25W)	
Cause: (example: lightning, campfire, smoking, debris, incendiary/arson, equipment use, railroad, miscellaneous)	
Time Dispatched (example: 1300hrs (1:00 pm)):	
Time Released (example: 1545hrs (3:45 pm)):	
Total Hours:	
Remarks: include injuries, fatalities, structures & value lost	
This fire will be reported through MFIRS: yes no	

BILLING INFORMATION

Run Rate	500.00		(up to 2 hours)		500.00
Equipment Used*	Hourly Rate	X	Hours Used	=	Subtotals
		X		=	
		X		=	
		X		=	
		X		=	
		X		=	
		X		=	
Firefighters (above number staffing apparatus)		X		=	
Grand Total				=	

*Bill only for equipment and personnel requested and/or approved by DNR Forestry after the "Run" or specifically requested.

Authorized Signatures

Submitted By: For Fire Department		
Accepted By: For DNR		

Fire department must have a current Cooperative Agreement with the DNR to use this form.
Fire department should report fires within 24 hours and submit an invoice no later than 30 days after a fire.