FIRE REPORT FROM THE _____ FIRE DEPARTMENT

FAX OR SEND TO:	FROM:
MN DNR Forestry	CONTACT NAME:
	ADDRESS:
	(optional)
Phone:	Phone:
Fax:	Fax:

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, R25)

Cause:
☐ Lightning ☐ Campfire ☐ Smoking ☐ Debris ☐ Incendiary/arson ☐ Equipment use ☐ Railroad ☐ Misc.

Time Dispatched: example: 1300 (1:00 PM)

Time Released: 15:45 (3:45 PM)

TOTAL HOURS: 2.75 HOURS

Remarks: (include injuries, fatalities, structures & value lost)

This fire will be reported through MFIRS. ☐ Yes ☐ No

Fire department should submit fire report within 24 hours after the fire. Use this form or any other method agreed upon with the local DNR Forester.