

CONTACT INFORMATION

Name: _____ Date: _____

Physical Address: _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Names and ages of children: _____

Names of other adults not specified above but living on the premises: _____

In case of emergency notify:

Name: _____

Address: _____

Phone: _____

Special Needs (blind / invalid / hearing impaired / other): _____

LIVESTOCK AND PETS

| TYPE | NUMBER | LOCATION |
|---------------------------------|--------|----------|
| <input type="checkbox"/> Dogs | _____ | _____ |
| <input type="checkbox"/> Cats | _____ | _____ |
| <input type="checkbox"/> Horses | _____ | _____ |
| <input type="checkbox"/> Birds | _____ | _____ |
| <input type="checkbox"/> Cattle | _____ | _____ |
| <input type="checkbox"/> Llamas | _____ | _____ |
| <input type="checkbox"/> Goats | _____ | _____ |
| <input type="checkbox"/> Sheep | _____ | _____ |
| <input type="checkbox"/> Other | _____ | _____ |

Have you made arrangements for your animals' safety if you are not at home during a fire?

Yes No

Would you like more information on providing for your animals' safety in the event of a fire?

Yes No

Are you willing and able to move someone's animals in the event of a fire?

Yes No

Do you have a horse/stock trailer and are you willing to help others move their animals?

Yes No

Do you have a fenced pasture where others could keep their livestock in the event of fire?

Yes No

ROADS AND VISIBILITY

Is your address marked and visible at the main road?

Yes No

at subsequent intersections?

Yes No

How far is your home from the main road? _____

Does your driveway have adequate room for a 28 ft fire truck to

turn around?

Yes No

Are your driveway & access roads to structures at least 12 ft wide? Yes No

Do you have turn-outs for two-way travel? Yes No

Are your driveway and access roads clear 10ft either side of centerline?

Yes No

Is there at least 13 ft of vertical clearance along your driveway and access roads?

Yes No

Do you have an alternate escape route if your driveway is impassable?

Yes No

Do you know your E.R.A. (Emergency Response Address)? Yes No

BUILDING CHARACTERISTICS

Does your home have fire-resistant roofing? Yes No

Are all vents and openings screened? Yes No

Are your roof and gutters free of debris? Yes No

Are your decks enclosed or screened? Yes No

HAZARDS Please fill out Home Site Locator Sheets available from CRFD

Check if you have:

- Explosives
- Gun powder
- Pesticides
- Paints / solvents
- Portable fuel tanks
- Above ground fuel tanks Cleared of vegetation? Yes No
- Oil Propane Diesel Gasoline
- Weak bridge or Carrying Capacity unknown
- Other, specify _____

CHARACTER OF PROPERTY

Open timber _____ % _____ % flat to gently sloping, 0-20% slope

Dense timber _____ % _____ % moderately steep, 21-40% slope

Patchy scrub _____ % _____ % very steep, +41% slope

Dense scrub _____ %

Grassland _____ %

Do you have many standing dead trees? (2+ average per acre) Yes No

WATER SOURCES

| TYPE | CAPACITY |
|----------------------------------|----------|
| <input type="checkbox"/> Well | _____ |
| <input type="checkbox"/> Pond | _____ |
| <input type="checkbox"/> Tank | _____ |
| <input type="checkbox"/> Cistern | _____ |
| <input type="checkbox"/> Hot tub | _____ |
| <input type="checkbox"/> Pool | _____ |

Do you have:

- Portable pump ? Yes No
- Fire hose ? What size _____ How long _____ Yes No
- Roof and area sprinklers to wet down home site in event of wildfire? Yes No

WILDFIRE FUEL HAZARD STATUS

Do you have 100 ft of defensible space around your home (brush removed - trees limbed up at least 8 ft for live limbs, 15 ft for dead limbs - tree limbs at least 10 ft from roofline - grass mowed - vegetation irrigated to keep it green)? Yes No

Do you have 100 ft of defensible space around all other structures on your property? Yes No

Are you interested in a fire safe inspection/consultation for your:

- Home ? Yes No
- Access roads ? Yes No
- Forest land ? Yes No

OTHER COMMUNITY RESOURCES

Do you want to be part of a Neighborhood Phone Tree for use in emergencies (notification of wildfire, hazardous spills, evacuation etc.)? Yes No

Do you want to participate in small Neighborhood Emergency Response Teams to help insure that people, pets, valuables are accounted for in the event of a major emergency? Yes No

Do you have a large clear area on your property where people can meet to do a head count in the event of evacuation? Yes No

Do you have special tools/equipment that you would be willing to operate or lend to reduce the wildfire fuel hazard in the District? mowers / pruners / chainsaws / slashbusters / dozers / tractors / other ? Yes No

Would you like to volunteer some time to make the District better prepared for fire?

Yes No

Do you have a current First Aid card?

Yes No

Do you have a current CPR card?

Yes No

Are you a licensed medical professional?

Yes No

specify _____

Are you willing to provide sandwiches, cookies, coffee etc. for firefighters?

Yes No

Do you have any other skills or resources which you are willing to use to help in the event of wildfire or other emergency? _____

Are there specific fire risks in our District that you feel should be considered in our Community Fire Plan? Do you have suggestions for addressing these risks?

Other comments also welcome.

I hereby release the above information as needed ONLY for emergency purposes to emergency responders and to the CRFD Committee for Fire Plan Development.

SIGNATURE of person completing the form

DATE