Form 4 - Burn Request				
NOTE: RESUBMIT Form 4 to requAND APPROVED.	iest approvals	•	T 1000 hrs, two (2) business day prior to plannerequired BEYOND THE ORIGINAL DATE	•
Date Submitted:	,2014	Submitted by:		
Agency e-mail address:				
If Other selected write in and fax:				
Burn Manager:		Office phone:	Cell phone:	
Airshed No:		Airshed 16 is 6500 feet and	l above	
burn plan HAS BEEN rewritten	but smoke eler	nents have <u>NOT</u> changed.		
burn plan HAS BEEN rewritten a	nd smoke elen	nents have been changed (please send in an u	pdated plan prior to approval).	
burn plan HAS NOT been chang	ed from what	vas submitted previously.		
Number of requested burn acres:				
Multiple day burn from:	to:	eg. 01/06/14 to: 01/12/14 (O)	NLY a week at a time {7 calendar days} d	ue to Airshed sharing)

PN:

Project Name:

Estimated acres per day:					
Comments:					
Is a smoke particulate sampler being used, if so what type?	ID Number:				
Remember to make yourself a copy before Submitting!					
Don't forget to turn in a Daily Emissions Report (Form 5) following your burns, even when you didn't burn!					