Stillwater Valley Watershed Council

Hazardous Fuels Program Enrollment & Membership Form

Landowner Name: _____

Address: _____

Telephone: _____ Local Telephone: _____

E-mail Address: _____

Stillwater County Property Location: (physical address, subdivision, lot #):

_____

Approximate # of acres you would like to enroll in the fuels reduction program:

_____

Please check all that apply, sign and return.

☐ I am interested in participating SVWC's hazardous fuels reduction program. I understand an SVWC representative will be contacting me in the near future to set up an appointment to conduct a property assessment.

☐ Yes, I want to join the SVWC. Enclosed is $35 for annual membership.

☐ I am already a member of the SVWC but wish to learn more about SVWC's hazardous fuels program.

Please indicate your contact information and property location even if you do not wish to participate in the program. This will let us know if we have made contact with all landowners.

_____

Signature Date

PLEASE RETURN TO: PO BOX 112, ABSAROKEE MT 59001