

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 and type of fuels:

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 (MUST BE A MEMBER TO PARTICIPATE IN SVWC's FUELS PROGRAM).
- 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