VIOLATION WORKSHEET

Check (☑) the Appropriate County		
☐ Nevada County Fax (530) 274-7546	☐ Yuba County Fax (530) 634-7660	☐ Placer County Fax (530) 745-2373

☐ Illegal Burn ☐ Smoke Nuisance ☐ Both	Date of Report: / /
Fire Agency:	Fire Agency Incident Report #

INFORMATION REGARDING THE PERSON RESPONSIBLE FOR THE BURN

Name (first, middle, last and Title)			Telephone Contact Number: ☐ Home ☐ Business ☐ Cellular	
Mailing Address:			City, State, Zip:	
Driver's License No or SSAN:			State:	Sex: ☐ M ☐ F
DOB:	Hair:	Eyes:	Height:	Weight:

INFORMATION REGARDING THE BURN

Location of Burn:	City, State, Zip:	Date of Burn & Time:
Permits Held: (check the appropriate box) ☐ CDF Residential LE-62 ☐ CDF LE-5 ☐ APCD Permit ☐ No Permit ☐ _____	Permit Number:	Expiration:
Burn Day Status: ☐ No Burn Day ☐ Burn Day – Open Hours ☐ Burn Day with Hours ☐ Burn Ban In Effect		
Burn Pile(s) Dimensions:	Photos: ☐ Yes ☐ No	Odors: ☐ Weak ☐ Moderate ☐ Strong **Describe:**
Wind Speed: ☐ Calm ☐ Variable ☐ 1-5 MPH ☐ 5-10 MPH ☐ Greater than 10 MPH		Wind Direction (from):
Burning Attended: ☐ Yes ☐ No	Burning Cleanly: ☐ Yes ☐ No ☐ Smoldering	Color of Smoke: ☐ White ☐ Black ☐ Brown / Tan

TYPE AND QUANITY OF MATERIAL BEING BURNED

Narrative Description of Materials:

Check (☑) the Types of Illegal Materials Burned:

- ☐ Green vegetation (green wood, brush, leaves, grass, etc.)
- ☐ Garbage (plastics, styrofoam, disposable diapers, metal containers, cans, feces, paper, cardboard, etc.)
- ☐ Rubber (tires, canvas, hoses, etc.)
- ☐ Appliances – Furniture (refrigerators, couches, computers, etc.)
- ☐ Construction / Demolition (tar paper, roofing materials, painted / treated wood, shingles, milled lumber, etc.)
- ☐ Manufactured Wood Products (plywood, fiberboard, pressed wood, etc.)
- ☐ Metal Products (vehicle or trailer bodies, screens, tire rims, paint cans, etc.)
- ☐ Soil
- ☐ Other _____

RECOMMENDATIONS

Comments:

Cost Recovery: ☐ Yes ☐ No # of Units Responding: # Response Hours:	Permit Revoked *(attach permit)*: ☐ Yes ☐ No	APCD Follow Up: ☐ Yes ☐ No	APCD to Advise on Follow-up: ☐ Yes ☐ No

Reporting Officer: (Print) Phone:

Revised 4-30-07