

CROWN KING FIRE DEPARTMENT
P.O. BOX 397
CROWN KING, AZ 86343

COMMUNITY IN KING SERVICE RECORD

Name: _____
(Please Print)

Address: _____

Fuels Reduction Tasks Completed: (Please check all that apply)

_____ Chipping _____ Removal of Brush and/or Trees
_____ Tree Limbing _____ Other: _____

I have completed these tasks on the following days: (One sheet per person)

Date: _____ Hours: _____

Date: _____ Hours: _____

Date: _____ Hours: _____

Date: _____ Hours: _____

Date: _____ Hours: _____

Date: _____ Hours: _____

Signature: _____

Date: _____

Fire Department Use Only:

Verified By: _____

Grant Number _____