



TEXAS A&M FOREST SERVICE

Rx Burn Notification Form

**must be submitted the day of burn*

County of burn: _____

Date of burn: _____

Contact name: _____

Telephone number: _____

Affiliation / Company: _____

Lat/Long coordinates of burn: _____

Physical location of burn: _____

Burn acres: _____

Type of burn (site prep, understory, piles, etc.): _____

Start time: _____

End time: _____

Notification made by: _____

Date of notification: _____