

NOTIFICATION FROM YOUR NEIGHBOUR
Intention to conduct controlled burning

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| Date of notification: | |
| Property where burning is occurring: | |
| Contact name and phone number: | |
| Start date and time: <i>(Time of light up)</i> | |
| End date and time: <i>(No smoke/flames visible)</i> | |
| Burning overnight? | |
| Size of burn: | |
| Additional comments: | |