



Confederated Tribes and Bands
of the Yakama Nation

Established by the
Treaty of June 9, 1855

The undersigned, _____, being the legal owner(s) of real property
as herein described (legal description or allotment/parcel number):

Of which is located: (physical address and nearest road intersection);

Owner contact information:

Phone (Day) _____ (Evening) _____ (Other) _____

Mailing address (if different than physical) _____

Does hereby grant Yakama Nation Department of Natural Resources Fuels Management, its administrators, officers, firefighters and contractors and Yakima County Fire District #5 personnel the right to enter upon said property to carry out hazardous fuels reduction projects for the protection of homes and other valuable resources.

I further agree to release and hold harmless Yakama Nation Department of Natural Resources Fuels Management and Yakima County Fire District #5 personnel from any and all liabilities and/or claims for damages to said properties, structures, contents (irrespective of location and/or distance of such exposure and/or other items on said property) and persons located therein.

I further acknowledge and understand Yakama Nation Department of Natural Resources Fuels Management and Yakima County Fire District #5 personnel intend only to show good will and to help reduce the spread of wildfire by removing unwanted flammable material from around and adjacent to homes and other valuable resources.

I further acknowledge that these activities are not professional landscaping or land leveling activities and the intent is to reduce the threat and spread of wildfire. Signing of this form does not guarantee service.

Owner(s) Name, Print

Owner(s) Signature

Date

Witness Name, Print

Witness Signature

Date

For more information contact:
Jonathan Tallman-Olney, Manager
Yakama Nation Fuels Management
(509) 865-5121
jonathan_tallman@yakama.com

Note: See reverse side for additional information requested.

To better serve you **please provide the following information highlighted in bold print**. If you need assistance in completing this form please contact Fuels Management. Thank you.

Project Name: _____

Treatment Type: (appropriate)

Requested (By Owner) | Field Verified (By Fuels Staff)

Mechanical

- | Disk (Disked Fire Line)
- | Mow (Mowed Fire Break - Grass)
- | Fecon (Mowed Fire Break – Brush)

Fire

- | Prescribed Fire (Burn Field)

Other

- | Describe: _____

Description of Work Requested/Needed:

Additional Comments:

Map of Area