

CHRISTOPHER-KOHL'S FIRE DISTRICT
2007-2008 CKFD FUEL REDUCTION GRANT

APPLICATION FOR GRANT SHARING

NAME _____

ASSOCIATION OR HOA _____ LOT # _____

MAILING ADDRESS _____

CITY, STATE, ZIP _____

NEW PHYSICAL 911 ADDRESS _____

OLD PHYSICAL ADDRESS _____

PHONES – HOME _____ OFFICE _____

CELL _____ LOCAL _____

E-MAIL _____

APPROXIMATE ACRES/LOTS _____ PRIVATE _____ PUBLIC/COMMON _____

\$ NEEDED FOR TREATMENT (not to exceed \$1500.00 lot/acre) up to \$7500.00 for 5 acres/lots) \$ _____ X 80% = _____ reimbursed.

Please note: **ONLY 80% OF EXPENDED AMOUNT WILL BE REIMBURSED.**

DOCUMENTS TO BE INCLUDED WITH THIS APPLICATION:

_____ Completed Firesafe Assessment Form

_____ Copies of Original Invoice(s) Marked Paid and Signed by Contractor For Treatment

_____ Photos of Area Before and After Treatment

Please return this packet to the CKFD Fire Station – Attn: Sam Seay

I hereby agree to maintain the above property after treatment in a Firesafe Condition. The maintenance must be performed at least annually.

Date

Signature