



**Fire permit details**

Name:

Postal address:

Phone number:

Mobile:

Email:

Locality of burn:   
(Road name and rapid number)

Material to be burnt:

Intended date and time of burn:

Person carrying out burn:

**Office Use Only**

Request received by:

Date:  Time:

**Forward permit request to:**  
(Fax /phone / mail)

Rural Fire Officer  
Clutha District Council  
District Office  
Balclutha

Date:  Time:

By:

**Permit to be issued by:** CDC Rural Fire Office at:

Request forwarded by:   
(Fax / phone / mail)

Date:  Time:

**Copies of all permits issued to be sent to Rural Fire Officer, CDC, District Office, PO Box 25, Rosebank Terrace, Balclutha 9240 Ph: 03 419 0200, F: 03 418 3185**