Pine/Strawberry Fire Department
P.O. Box 441 Pine, AZ 85544
Fax # 928-476-4634
RESIDENT TIME SHEET

Name: _____Address _____

Directions:

Please fill in any time spent in creating a defensible fire zone around your home. This should include your labor. The time that is totaled, allows the **Pine Strawberry Fire Department to receive additional grant monies for any time spent assisting with the project, and will allow us to continue the FREE BRUSH PICKUP**. **Please date your work**. Also, include a brief description of the job performed. Include any wages paid, and note your time in at least one half-hour increments. If you have receipts for money paid to others for this work, **please** attach a copy to this time sheet form and drop off at the Pine Station, fax, or mail to the above address. This is for Residents only. **NO CONTRACTORS!!** Thank you.

Date	Work Performed	Paid Out	Resident Hr

How many acres do you have? _____
Please estimate total area cleared _____ (Estimate % of acreage

SIGNATURE_____Date_____