Pine-Strawberry Fire Department
P.O. Box 441
Pine, AZ 85544 (928) 476-4272

Time Sheet

Resident_____ Phone_____
Address _____

Directions:

Please fill in any time spent in creating a defensible fire zone around your home. This can include your labor or any other work such as contract 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. Please date the 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 to this time sheet form and drop off at either station, or mail to the above address. Your cooperation and assistance in this matter will be greatly appreciated. Thank you.

Date	Work Performed	Paid Out	Resident Hr

Please estimate total area cleared _____ (Ex. 10'x10' area)
Signature _____
Supervisor _____