Mississippi Forestry Commission
Burning Authorization Log

County: _____ **Code:** _____ **Month:** _____ **Year:** 20 _____ **Sheet No.** _____ **of** _____

Type Burning	Forestry Purpose	Name	Location	Period Covered	Remarks All denials must show why	Date	Number
1 Agriculture ☐ 2 Forestry ☐ No Acres: _____	1 Hazard Reduction ☐ 2 Cont. Und. Species ☐ 3 Control Disease ☐ 4 Site Preparation ☐ 5 Wildlife Mgt ☐ 6 Other _____ ☐	Landowner: _____ Person Responsible: _____ Address: _____ _____ _____ Telephone #: ( ) _____	40: _____ Sec: _____ Tnp: _____ Rng: _____	Begin Time: _____ Date: _____ End Time: _____ Date: _____		Date: Time:	
1 Agriculture ☐ 2 Forestry ☐ No Acres: _____	1 Hazard Reduction ☐ 2 Cont. Und. Species ☐ 3 Control Disease ☐ 4 Site Preparation ☐ 5 Wildlife Mgt ☐ 6 Other _____ ☐	Landowner: _____ Person Responsible: _____ Address: _____ _____ _____ Telephone #: ( ) _____	40: _____ Sec: _____ Tnp: _____ Rng: _____	Begin Time: _____ Date: _____ End Time: _____ Date: _____		Date: Time:	
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