

## Maryland DNR Forest Service Prescribed Burn Cooperator Evaluation Form



Burn Plan #:	_
County:	_
Location:	_
Date(s) of Burn:	_
Burn Boss:	_
Acres Completed:	_
Fuel Type: Grass Marsh Unders	story Slash
Did the burn meet your land management objective	s? Yes No
Did burn escape any control lines? Yes No	
If yes, explain	
	_

Completion of this form allows the MD DNR Forest Service to better track the accomplishments of private landowners, cooperators, and contractors that perform prescribed burns in the State of Maryland.

Please return this form to:

Western, Southern, & Central Regions Eastern Region

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