



**ANNUAL BURNING REGISTRATION FOR SOLON TOWNSHIP**

**For the year ending December 31, 2018**

**Please Print**

**APPLICANT'S NAME** \_\_\_\_\_

**APPLICANT'S HOME ADDRESS** \_\_\_\_\_

**LOCATION OF BURN** \_\_\_\_\_

(IF DIFFERENT FROM HOME ADDRESS)

**NEAREST CROSS STREET** \_\_\_\_\_

**APPLICANT'S PHONE NUMBER:** \_\_\_\_\_

**APPLICANT'S SIGNATURE:**

\_\_\_\_\_

**DATE**

**Solon Township Fire Department Phone: 616-696-0020**

**Solon Township Fire Department Fax: 616-696-1709**

The above signature certifies that you have read and understand the content of this registration and the relating Solon Township Ordinance.

**Department personnel signature** \_\_\_\_\_

**Date of acceptance:** \_\_\_\_\_