



ANNUAL BURNING REGISTRATION FOR SOLON TOWNSHIP

For the year ending December 31, 2019

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: _____