



FireSafe
COUNCIL

[_\(https://chipperprogram.edcfiresafe.org\)](https://chipperprogram.edcfiresafe.org)

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REQUEST FOR CHIPPING

CONTACT INFORMATION

First Name *

Last Name *

Email *

Phone * *i.e. xxx-xxx-xxxx*

Address Number *

Street Name *

City *

 

ZIP Code *

- Select - 

Assessors Parcel Number * *numeric only, no dashes*

Nearest Cross Street

Are you the owner of the land? *

- Yes
- No

CHIPPER INFORMATION

Number of Piles **numeric only*

Total size of piles, in Feet, combined **numeric only*

Width:

(X)Length:

(X)Height:

Approximately how many acres of property did you clear? **numeric only*

Where is the material? *

- Driveway
- Shoulder of Road
- Other (Explain)

What would you do with this material if this program were not available? *

- Select - 

If you would take it to El Dorado Disposal, how many miles (round trip) is that?

Who prepared the pile? *

- I cut and stacked the material myself
 I hired someone to cut and stack the material

How many hours did it take you?

If you hired someone, how much did it cost?

I have completed the requirements on the Chipper Program Page and agree to allow the El Dorado County Fire Safe Council's (EDCFSC) private contractor admittance onto my property in order to access the pile for chipping. I understand that the material will be chipped back onto my property. I understand that the EDCFSC provides this service through contracts with private chipping companies. The contractor has final authority to determine if a pile is suitable for chipping. I understand that if the pile is not prepared per the checklist, it will not be chipped. EDCFSC provides the contractors with a preferred weekly schedule, but final decisions for scheduling of chipping are made by the contractor. In addition, I will comply with the chipping crews' decisions as to where chipped material is deposited because safety is their foremost concern. I will not make any attempt to load brush into the chipping machine. I understand that all work will be halted if this attempt is made. I understand that EDCFSC is not obligated to perform this service and that EDCFSC is not liable for its failure to perform this service or for the negligent performance of this service.

You're Signature :

* (adding your name to this box is your authorized digital signature)

- I have read, and agree to the above statement and submit my digital signature of approval. *

Submit

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