

# Wildfires Request for Assistance



Send this completed form to your local Conservation District. Find contact info here:  
<https://scc.wa.gov/conservation-districtmap/>

ID #	
Tax Parcel #	
Date	
Staff	

Unless told otherwise, we will share this information with natural resource agencies and social service groups who are assisting landowners.

## Landowner Information

Full Name: \_\_\_\_\_  
First Last Landowner Name, if other than the person filling out this form

Property Address: \_\_\_\_\_  
Street City State, Zip

Mailing Address: \_\_\_\_\_  
Street City State, Zip

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Have you worked with a Conservation District before?  YES  NO

Are you a:  Full time resident  Part time resident

Did you have structure loss? (home, outbuildings, sheds, etc.)  YES  NO

Total Acres Owned: \_\_\_\_\_ Percentage of total property burned \_\_\_\_\_%

## Additional Property Information

What is the land use? Check all that apply:  Crops  Grazing  Timber  Recreational  Residential  Other: \_\_\_\_\_

Is your home covered by homeowners insurance?  YES  NO  NA

Do you have flood insurance?  YES  NO

## Main Concerns:

Please use the space below to write any other concerns regarding your property.

## Safety Concerns for Staff:

Please use the space below to write safety concerns field staff should be aware of when accessing your property. Examples would be road washed out, hazardous holes, do staff need 4-wheel drive vehicle, falling trees, locked gates, etc..

## Plant and Animal Concerns

Do you have wildlife concerns?  YES  NO

Please describe: \_\_\_\_\_

What type of vegetation is/was on the property? (check all that apply)

Grass  sagebrush-steppe  forest  Shrub  other: \_\_\_\_\_

Do you have concerns about trees falling on your home, driveway, or other structures?  YES  NO

Do you have a forest management plan?  YES  NO

Do you plan to do post fire forest harvest?  YES  NO

Previously had a wildfire (Firewise) risk assessment?  YES  NO  NA

Is the property part of a recognized Firewise community?  YES  NO

Are you interested in a plan for managing land and home to reduce future wildfire risk?  YES  NO

Did the property have noxious weeds before the fire?  YES  NO

Are noxious weeds now a problem post fire?  YES  NO

Are you interested in reseeding or replanting?  YES  NO

## Agriculture Producer Information

Are you an agricultural producer (make income from farm products)?  YES  NO

If yes, have you worked with Farm Service Agency (FSA) before?  YES  NO

Are you under contract with any agencies (NRCS, FSA, etc.)?  YES  NO If yes, what kind? \_\_\_\_\_

Do you lease out of your farm or rangeland?  YES  NO

Do you have agricultural insurance?  YES  NO

Did you lose livestock?  YES  NO If yes, what kind? \_\_\_\_\_

Did you lose crops?  YES  NO If yes, what kind? \_\_\_\_\_

Do you have a lease/permit on public land?  YES  NO If Yes, which agency? \_\_\_\_\_

Acres Leased \_\_\_\_\_ Percentage of Acres burned: \_\_\_\_\_%

Did you lose livestock feed as a result of the fire?

Please Estimate the number of acres or tons \_\_\_\_\_

Please list other agriculture building and equipment losses. If known include cost to replace. (grain sheds, storage sheds, barns, tractors, tools, etc.)

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## Fence Concerns

Did you lose or have damage to any fences?  YES  NO

What is the purpose of the fence?  Livestock  Non-Ag Livestock  Home garden  Pets  Deer Fence  
 Other: \_\_\_\_\_

Please estimate the distance, and if known, the replacement cost of the lost or damaged fence by type below:

	Fence Distance	Cost
<input type="checkbox"/> Critical area (keep livestock out of surface water)	_____	\$_____
<input type="checkbox"/> Inclusion (keep livestock in)	_____	\$_____
<input type="checkbox"/> Exclusion (keep livestock out)	_____	\$_____
<input type="checkbox"/> Livestock cross fence (manage grazing)	_____	\$_____
<input type="checkbox"/> Deer/Elk (keep wildlife out of orchard/vineyard)	_____	\$_____

Does the fence need to be:  repaired  completely replaced  both

Do you plan to:  install fence yourself  hire a contractor  both

## Irrigation Concerns

Did you have agricultural irrigation system damage?  YES  NO

What is your water source? (check all that apply)

River  Creek  Spring development  Well  Irrigation District  Other \_\_\_\_\_

Type and estimated cost of damage:

<input type="checkbox"/> Well: _____	<input type="checkbox"/> Electrical Equipment: _____	<input type="checkbox"/> Pipe: _____
<input type="checkbox"/> Pump: _____	<input type="checkbox"/> Sprinklers: _____	<input type="checkbox"/> K-Line: _____
<input type="checkbox"/> Wheel Line: _____	<input type="checkbox"/> Handline: _____	<input type="checkbox"/> Solid Set _____
<input type="checkbox"/> Pivot: _____	<input type="checkbox"/> Troughs: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Solar off stream watering: _____		

## Water/Soil Concerns: these questions will help us evaluate your flood/debris flow risks

Is your house within 100 ft. of a stream?  YES  NO

Is it located at the mouth of a canyon or draw?  YES  NO

Have you had flooding or erosion since the fire?  YES  NO

Do you have flooding concerns?  YES  NO

Please describe: \_\_\_\_\_

Do you have surface water?  YES  NO

Check all that apply on your property:  stream/river, permanent  stream, seasonal  spring  wetland  lake/pond  
 dam  Culvert  Bridge

Does culvert or bridge provide the only access to your property?  YES  NO