

CWPP REPORTING FORM

Name of Plan: _____

Contact Person: _____

Email Address: _____

Phone Number: _____

Community: _____

County: _____

Date Plan Signed: _____

Number of Projects: _____

Acres of treatment: _____

Is your community listed as a Community At Risk?

Yes

No

Please email form to: webmaster@cafirealliance.com

or mail to: California Department of Forestry and Fire Protection
P.O. Box 944246
Fire Prevention, Room 1646-9
Sacramento, CA 94244-2460