



Attention Contractors and Organizations:

Please fill out the form below as clearly and concisely as possible. We will not accept any additional information so as to be equal to all service providers. We will update this list at least once a year.

Providers will be listed in alphabetical order on a document posted on the web page at www.prescribedfire.org

Company/Organization Name:

Contact Name (one please):

Address:

Phone number:

Email address:

Website link:

Service area: **please select:** Wisconsin (SW, SE, C, NW, NE or Statewide); Also list any other states in the Midwest that you provide service.

What services are offered? Please describe in 75 words or less what services your company/agency offers **as it relates to prescribed burning.**

Please mail completed form to:

Prescribed Fire
C/O TNC
633 West Main Street
Madison, WI 53703

In appreciation of the service we are providing, we ask that you please post a link to our website on yours.