

FIRE WEATHER SPECIAL FORECAST REQUEST

I - REQUESTING AGENCY WILL FURNISH:

1. NAME OF FIRE OR OTHER PROJECT		2. CONTROL AGENCY		3. REQUEST MADE	
				TIME	DATE
4. LOCATION (By 1/4 Sec-Sec-Twp-Range)			5. DRAINAGE NAME		6. EXPOSURE (NE, E, SE, etc.)
7. SIZE OF PROJECT (Acres)		8. ELEVATION*		9. FUEL TYPE	
		TOP	BOTTOM		
				10. PROJECT ON: GROUND CROWNING	

11. WEATHER CONDITIONS AT PROJECT OR FROM NEARBY STATIONS

PLACE	ELE-VATION	OB TIME	WIND DIR. VEL.		TEMP.		RH	DP	REMARKS <i>(Indicate rain, thunderstorms, etc. Also wind conditions and 10ths of cloud cover)</i>
			20 FT	EYE LEVEL	DRY	WET			

12. SEND FORECAST TO: PLACE _____ VIA _____ ATTN: _____

II - FIRE WEATHER FORECASTER WILL FURNISH:

13. FORECAST AND OUTLOOK:
(SPECIFY Wind - 20 foot or Eye Level) TIME AND DATE: _____

Synopsis:

Burn Period	Sky Cover	Temperature	Humidity	Wind		Indices
				Eye-Level	20-Foot	
<input type="checkbox"/> Today (sunrise to dusk) <input type="checkbox"/> This Afternoon (noon until dusk) <input type="checkbox"/> This evening (1600 until dusk) <input type="checkbox"/> Tonight (sunset until sunrise)	<input type="checkbox"/> Moslty Sunny/Clear <input type="checkbox"/> Fair <input type="checkbox"/> Partly Cloudy <input type="checkbox"/> Mostly Cloudy <input type="checkbox"/> Cloudy <input type="checkbox"/> Variable Clouds	_____ ° F <input type="checkbox"/> High <input type="checkbox"/> Low <input type="checkbox"/> Range	_____ % <input type="checkbox"/> Maximum <input type="checkbox"/> Minimum <input type="checkbox"/> Range	<input type="checkbox"/> Upslope <input type="checkbox"/> Downslope Direction: _____ Velocity _____ Gusts _____	<input type="checkbox"/> Upslope <input type="checkbox"/> Downslope Direction: _____ Velocity _____ Gusts _____	Haines: LAL: BI: CI:
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Outlook For (Date): _____	<input type="checkbox"/> Moslty Sunny/Clear <input type="checkbox"/> Fair <input type="checkbox"/> Partly Cloudy <input type="checkbox"/> Mostly Cloudy <input type="checkbox"/> Cloudy <input type="checkbox"/> Variable Clouds	_____ ° F <input type="checkbox"/> High <input type="checkbox"/> Low <input type="checkbox"/> Range	_____ % <input type="checkbox"/> Maximum <input type="checkbox"/> Minimum Range	<input type="checkbox"/> Upslope <input type="checkbox"/> Downslope Direction: _____ Velocity _____ Gusts _____	<input type="checkbox"/> Upslope <input type="checkbox"/> Downslope Direction: _____ Velocity _____ Gusts _____	Haines: LAL: BI: CI:

NAME OF FIRE WEATHER FORECASTER _____ FIRE WEATHER OFFICE _____

III - REQUESTING AGENCY WILL COMPLETE UPON RECEIPT OF FORECAST

TIME _____ DATE _____ NAME _____

IV - FORECAST RECEIVED: _____