

Fireworks – Notice of Intent to Apply

Year: _____

Name of applicant: _____
Last First Middle

OR

Responsible party: _____
For group or organization Last First Middle

Name of group or organization, if applicable: _____

Mailing address: _____
City State Zip

Phone number: _____

Signature: _____

This application must be received in the Fire Marshal's Office by 5:00 p.m. of the last business day in January.

Mailing address:

Clark County Fire Marshal
Public Safety Complex
505 NW 179th Street
Ridgefield, WA 98642

