

APPENDIX C: CLOSED AREA ENTRY/TRAVEL PERMIT

Date: _____ Incident Name: _____

Permittee name: _____ Organization: _____

Phone # _____

Location where access is needed/route:

Time going into area: _____ Time leaving area: _____

Reason for access: _____

Access is granted under the following conditions:

1. Permit must be processed at the Incident Command Post
2. Entry must be made through the following access route: _____

3. Permittee must leave fire perimeter and road closure areas by dusk
4. A safe travel speed must be maintained at all times
5. Situational awareness must be maintained at all times
6. Permittee must call Liaison Officer at _____ and confirm he/she has left the area.
7. Permittees agrees that he/she is solely responsible for their own safety and any injuries or property damage during the time covered under this permit.
8. Special Circumstances _____

I agree to the above conditions: _____

Signature of Permittee

Date

Entry approved by: _____

Liaison Officer

Date

Time permittee called in that he/she has left the area: ____ Yes ____ No

Phone call taken by: _____ Time: _____