

Oklahoma Prescribed Burn Association Fund Request Form



LPBA Information

Name of LPBA:

Contact Person:

Email:

Phone:

Address:

City:

State:

Zip code:

Please tell us how we can help.

Amount for consideration:

Provide or attach purpose of request / project description and benefit to LPBA:

List any other funding that is available:

If request is for equipment provide or attach current LPBA equipment inventory list:

Email request to: john.weir@okstate.edu

Mail to:

Oklahoma Prescribed Burn Association

3910 W. 6th Ave, #207

Stillwater, OK 74074