

APPLICATION FOR OPEN BURNING

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

PERSON TO CONTACT: \_\_\_\_\_

BUSINESS ACTIVITY: \_\_\_\_\_

PURPOSE OF OPEN BURNING: \_\_\_\_\_

AMOUNT & TYPE OF CONTAMINANTS RELEASED: \_\_\_\_\_

\_\_\_\_\_

AMOUNT & TYPE OF CONTAMINANTS RELEASED: \_\_\_\_\_

SCHEDULE OF OPEN BURNING: \_\_\_\_\_ TIME: \_\_\_\_\_

LOCATION OF OPEN BURNING: \_\_\_\_\_

**PLEASE NOTE:**

**Form must be returned to this office at least two weeks prior to the event taking place.**

Hammond Department of Environmental Management  
5925 Calumet Avenue  
Room 304  
Hammond, Indiana 46320  
219-853-6306  
219-853-6343 – fax  
environmental@gohammond.com