

Dear Stakeholder:

This form is provided for you to request crews from the Devil's Garden Conservation Camp for project work or camp manufactured product. Please complete this form and fax to (530) 233-5895, or mail to:

California Department of Forestry & Fire Protection
Devil's Garden Conservation Camp
P.O. Box 100
Alturas, CA 96101

This project will be evaluated and a Project Request (FC-32) and Letter of Understanding (FC-31) will be returned to you for signature. If you need any assistance with this form or have other questions, please feel free to call the Camp Administrative Captain or Assistant Chief.

Date: _____

STAKEHOLDER INFORMATION

Requesting Agency

Authorized Representative (Person authorizing reimbursement)

Address

Telephone #

E-mail Address

Name of Primary Contact Person

Primary Contact Person's Telephone #

Name of Alternate Contact Person

Alternate Contact Person's Telephone #

Have you completed a Digest of Laws Form within this calendar year? ____ yes ____ no

Have you completed an FC-31 Letter of Understanding within this calendar year? ____ yes ____ no

<i>These forms are available at the following website: www.intermountaincamp.com</i>

PROJECT INFORMATION

Name of Project

Physical Location of Work Project

Describe Work to be Performed

Describe the project benefits to Stakeholder and/or community and/or other agencies.

