



# CLAYTON COUNTY FIRE & EMERGENCY SERVICES

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## MEDICAL BURN BAN APPLICATION

I am requesting that a Medical Burn Ban be established around my residence located at the address below.

Patient Name: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### The following items must be completed by the patient's medical doctor:

**Print** Physician Information: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

The above named patient has a medical condition that is adversely affected by smoke and in my medical opinion should not be exposed to smoke from outdoor burning within a quarter mile radius of his/her residence.

I am the attending, licensed physician for the above named patient and I certify that the information provided above is true and accurate.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

When completed by a healthcare provider this form contains protected health information and may be released only upon execution of a valid release from the patient.

Submit completed applications to: Clayton County Fire Marshal's Office  
7810 Highway 85  
Riverdale, Georgia 30274

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**\*\*\*OFFICIAL USE ONLY\*\*\***

[ ] Approved [ ] Denied

By: \_\_\_\_\_ Date: \_\_\_\_\_

7810 Hwy 85  
Riverdale, GA 30274