

**YELLOWSTONE COUNTY  
OPEN BURNING PERMIT APPLICATION**

**RiverStone Health  
Air Quality Program  
123 S. 27<sup>th</sup> St.  
Billings, MT 59101**

1. **Name of Applicant:** \_\_\_\_\_
2. **Mailing Address:** \_\_\_\_\_
3. **City, State, Zip:** \_\_\_\_\_
4. **Telephone Number:** \_\_\_\_\_
5. **Type of Material to be burned:**  
\_\_\_\_\_  
\_\_\_\_\_
6. **Approximate quantity to be burned (if applicable):**  
\_\_\_\_\_  
\_\_\_\_\_
7. **Estimated number of Burns Per year Needed to dispose of the Material:**  
\_\_\_\_\_  
\_\_\_\_\_
8. **Location of burn:**  
\_\_\_\_\_

**Authorized Signature** \_\_\_\_\_ **Date** \_\_\_\_\_