



Firearm Safety: _____
Amt Paid: _____
Date: _____
Clerk: _____

2010 ARCHERY HUNTING PERMIT

Date Attended Class _____

Chief of Police authorization _____

Hunter's Name: _____
Last First Middle Date of Birth

Current Address: _____
Number Street Apt.

_____ City County State Zip

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Hunters **MUST** register every deer killed by calling Sgt. Larson @ 763-494-6169. Please leave a message including your name, date, sex of deer, adult/fawn, and address of property where shot.

I, _____ give permission to the above named party to hunt at the address of:
(Landowner's Name, please print)

_____ (Landowner's signature)

POLICE DEPT AUTHORIZATION: _____ DATE: _____ CLERK: _____

I, _____ give permission to the above named party to hunt at the address of:
(Landowner's Name, please print)

_____ (Landowner's signature)

POLICE DEPT AUTHORIZATION: _____ DATE: _____ CLERK: _____

Hunting Survey Returned