



Firearm Safety: _____
Paid: No Charge
Amount: NA
Date: _____
Clerk: _____

## 2010 CAPABLE PARTNERS 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, **Sergeant Kyle Larson**, give permission to the above named party to hunt at the address of:  
 Svitaks / Zone: Svitaks Woods

POLICE DEPT AUTHORIZATION: \_\_\_\_\_                      DATE: \_\_\_\_\_                      CLERK: \_\_\_\_\_

**Hunting Survey Returned**