



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

2010 GOOSE HUNTING PERMIT

Date Attended Class _____

Criminal History Check _____ Chief of Police authorization _____
(Clerk's initials)

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:** _____

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: _____

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