The Rural Municipality of Hoodoo No. 401

525 - 2nd Ave Box 250 Cudworth, SK S0K 1B0 Office: 306-256-3281 Fax: 306-256-7147 Email: office@rmofhoodoo.ca www.rmofhoodoo.ca

## **Beaver Control Program Declaration Form**

l,		, do hereby declare the following:		
Mailing Address:	Address: Phone #:			
1. I am a designat	ed individual authoriz	zed to remove problem	beavers in the Rural	
Municipality of	Hoodoo No. 401.			
2. I have provided	a copy of a valid Trap	pers License #	,	
expiring	expiring All beavers were removed between the issue date			
and expiry dat	<b>e of this license.</b> A ne	ew Trapper License is r	equired every year when	
submitting this	declaration.			
<ol><li>I have brought i</li></ol>	have brought in $\_\_\_$ tail(s) from beavers taken within the RM of Hoodoo between			
April 1, 20 an	d February 15, 20 1	The <b>specific dates an</b>	<b>d land locations</b> of these	
beaver remova	ls are as follows (attac	ch another page if nee	ded):	
Date (dd/mm/yyyy)	y) Lar	nd Location	# Beavers removed	
4. I have not made	l e anv other applicatio	n for the beaver(s) incl	Luded in Section 3 above.	
		, ,	nd the information given	
	tion is true and correc	_	9	
Signed this day				
,		,,		
FOR OFFICE	USE ONLY			
ate received in office:				
nployee Initials:		Signature of Ap	Signature of Applicant	
ll information validated:	: Y/N			
opy of Trappers License	e: Y/N			
of tails:		Signature of RN	Signature of RM Representative	
ate:		Oignature of M	Γιορισσοπαίνο	
otal Payable:	<del></del>			
ate Paid:				