



Firearm Safety: _____
\$15.00 Paid: _____
Date: _____
Clerk: _____

## 2016 ARCHERY DEER HUNTING PERMIT (Fall Season)

Date Attended Class \_\_\_\_\_

Chief of Police authorization \_\_\_\_\_

Hunter's Name: \_\_\_\_\_  
Last                      First                      Middle                      Date of Birth

Current Address: \_\_\_\_\_  
Number                      Street                      Apt. Number

\_\_\_\_\_  
City                      County                      State                      Zip

Home Phone: \_\_\_\_\_                      Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_                      Email: \_\_\_\_\_

Hunters **MUST** register every deer killed by calling Officer Wareham @ 763-494-6196. Please leave a message including your name, date, sex of deer, adult/fawn, and address of property where harvested. You **MUST ALSO** register all harvested deer with the MN DNR website or at a Big Game Registration Station.

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

\_\_\_\_\_  
(Landowner's address)

\_\_\_\_\_  
(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 address)

\_\_\_\_\_  
(Landowner's signature)

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

**Hunting Survey Returned**