

## SPECIAL PURPOSE SALVAGE PERMIT ANNUAL REPORT

State Form 51800 (R / 12-18) Department of Natural Resources

## DEPARTMENT OF NATURAL RESOURCES

Division of Fish and Wildlife 402 W. Washington St., Rm. W273 Indianapolis, IN 46204-2781 Telephone: (317) 233-6527 Fax Number: (317) 232-8150 wildlifepermits@dnr.in.gov

Permittee Name  Street Address  City, State, ZIP			Annual report for year ending		
			Cou	nntyTelephone	2
			E-mail		
year, and return the comp	leted report to the above addre	ess by the due date of Fo	ebruary 1st of each	mals (including migratory birds) salvaged under y year. Use of this form is not mandatory, but the s f you had no activity during the report year. Pleas	ame information must be
Species (Common Name)	Location Salvaged (City and County)	Date Salvaged (month, day, year)	Number Salvaged	Location of Final Disposition (Name and Address of Institution)	Comments
CERTIFICATION:	Under the penalties of pe	rjury (IC 35-44-2-1	), I certify that t	he information in this report is true and co	orrect to the best of my
knowledge. Signature			,, <u>,</u>	Date (month, day, year)	J