



# FISH DESTINATION REPORT

State Form 53489 (R4 / 4-12)

## INDIANA STATE BOARD OF ANIMAL HEALTH

Discovery Hall  
1202 East 38th Street, Suite 100  
Indianapolis, IN 46205-2898  
Telephone number: (317) 544-2400  
Fax number: (317) 974-2011

This report must be filed if so stated in Pre-Entry Permit Application, within thirty (30) days of end of permit period.  
Return this form to: Aquaculture Coordinator, Indiana State Board of Animal Health, Discovery Hall, 1202 East 38th Street, Suite 100, Indianapolis, IN 46205-2898.

Name of Pre-Entry Permit Holder	Pre-Entry Permit Number
Address (number and street, city, state, and ZIP code)	Permit Expiration Date (month, day, year)
<b>OFFICE USE ONLY</b>	

Destination of shipments:

- 1) List below all stocking locations, dates, species and numbers of fish. Attach additional sheets or comparable document if necessary.
- 2) The following period's Pre-Entry Permit will not be issued until this completed form is received.
- 3) Type or print the information requested. Incomplete or illegible reports will be returned for correction.

LOCATION OF DELIVERY	DELIVERY	NAME AND ADDRESS OF OWNER
Water name PRIVATE Lake	Fish Quantity (Number or weight) 300 Species of fish yellow perch smallmouth bass	Name of pond owner Mr. John Farmer Address (number and street, city, state, and ZIP code) 1000 Clearwater Lane Lake Station, IN 46555
County Lake		
Date (month, day, year) 06/01/06		
Water name	Fish Quantity (Number or weight)	Name of pond owner
County	Species of fish	Address (number and street, city, state, and ZIP code)
Date (month, day, year)		
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Water name	Fish Quantity <i>(number or weight)</i>	Name of pond owner
County	Species of fish	Address <i>(number and street, city, state, and ZIP code)</i>
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Date <i>(month, day, year)</i>		
I verify the above information is true and accurate to the best of my knowledge.		
Signature of permit holder		Date <i>(month, day, year)</i>