

Town of Dover
Board of Health - Lyme Disease Committee
Bow Hunting Application 2011

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone () _____ Date of Birth _____

Work Phone () _____

Mobile Phone () _____ SS # _____

FAX/eMail _____

Automobile Make _____ Model _____ Year _____

Color _____ Plate Number _____

1) Number of years hunting experience _____

Number of years bowhunting experience _____

2) Are you familiar with Dover Land-managed areas? Which ones:

a _____

b _____

c _____

I, the undersigned applicant, am aware that I am seeking to participate in a **program to control the deer population in Dover to reduce the spread of Lyme Disease.** I will first and foremost be providing a land management service for the Town of Dover. I agree to submit to an interview by Dover Deer Management Agents and to abide by the Rules and Regulations established by the Dover Board of Health and Lyme Disease Committee. I am aware that the BOH may cancel bowhunting on Dover Town lands and revoke my permit at any time, without cause.

Signature _____ Date _____

July 18, 2011
