



POLICE DEPARTMENT

"An Internationally Accredited Agency"

David W. Haren
Chief of Police



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APPLICATION FOR DEER MANAGEMENT PROGRAM

PERSONAL INFORMATION

Name: _____ Phone: _____

Address: _____

Email: _____ Driver's License: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Phone: _____

Address: _____

VEHICLE INFORMATION

Make: _____ Model: _____ Year: _____ License Plate: _____ Color: _____

EQUIPMENT INFORMATION *(*All arrows must be the same)*

Make of Bow or Crossbow: _____

Arrow Type: _____ Fletching Color(s): _____

Nock Color: _____ Crest Color(s): _____ Broadhead Type: _____

Upon signing this, I agree that I have read the regulations regarding the deer management program in the City of Heath. I also understand that any violation of the regulations will result in the revocation of my permit and possible arrest as well as suspension of my hunting privileges in Heath. If you are hunting on private property, attach a copy of your written permission.

Applicant Signature _____ Date _____

Stamp and signature from Pro-Formance Archery (2984 Mt. Vernon Road, Newark, Ohio 43055)

Approved _____

For office use only

Deer Management Coordinator Signature

Chief of Police Signature