

Oscar Township Bounty Request Form

Name: _____

Address: _____

Phone: _____

Email: _____

Subscribe to newsletter: Y / N (circle one)

Date: _____

Quantity:

Beaver tails: _____ Gopher feet (pairs): _____

Office use only:

Total Beaver Bounty \$: _____

Total Gopher Bounty \$: _____

Date: _____

Total Bounty Paid \$: _____

Check #: _____

Approved by:
