



POLICE DEPARTMENT

"An Internationally Accredited Agency"

David W. Haren

Chief of Police



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APPLICATION FOR DEER MANAGEMENT PROGRAM PERSONAL INFORMATION

Name _____

Address _____

Home Phone _____ Cell Phone _____ Ohio OL # _____

EMERGENCY CONTACT INFORMATION

Name _____

Address _____

Phone _____ Other _____ Relationship _____

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 for two years. Attached permission slip(s) to form.

Applicant Signature _____ Date _____

Stamp and Signature from Broken Arrow Archery (2984 Mt. Vernon Rd, Newark, OH 43055)

Approved _____

For office use only

Deer Management Coordinator Signature

Chief of Police Signature

* SERVING WITH HONOR *