PERMISSION PERMIT

City of Taylors Falls Special Archery Deer Hunt

TO BE CARRIED BY HUNTER WITH HUNTING LICENSE AT ALL TIMES

HUNTER Full Name | Date of Birth | SIGNATURE | Date

Home Address | Phone#

I understand by signing this permit I assume all liability per DNR Regulations

PROPERTY OWNER Name | Address

Phone # | SIGNATURE | Date

Property Owner Hunting Stipulations (Days, times, location on property, etc.)

City Official Signature | Date

Copy A - Hunter | Copy B - Property Owner | City C - City