2009 CANADA GOOSE NEST DESTRUCTION APPLICATION

APPLICANT RESPONSIBILITY:

Permits for nest destruction will be based on the conditions and requirements stipulated in the Information Sheet on Canada Goose Nest Destruction Program for S.E. Michigan.

A representative from each site must attend or previously has attended a mandatory training session before a permit will be issued.

APPLICATION IS REQUIRED ANNUALLY TO PARTICIPATE IN THE PROGRAM.

ALL APPLICATIONS MUST BE RECEIVED BY APRIL 1, 2009

A MDNR permit is required to participate in any goose nest destruction activity.

APPLICANT MUST CHECK ONE OF THE BOXES BELOW

A :	Resolution: Applicant has a resolution approved by the local governmental agency (township, city,
(etc) which represents the property owners on the subject lake/water/site. Copy attached.
	Petition : Applicant has a signed petition that represents at least 70% of the lakeshore property owners giving approval to conduct the nest destruction on the site listed below. The petition
ć,	submitted will be valid for a 5-year period, though the applicant must apply annually for the
1	program. Copy of signed petition must be on file with DNR.
	Business: Applicant is a commercial institution, or other such entity such as Apartments, Condos, University, Park, or any other type of business.
	Sole Owner: Applicant is an individual with sole ownership of all lands surrounding the subject
1	ake/body of water.
O Suhie	Single property: Applicant is an individual who does NOT have sole ownership or control of the ct lake/body of water/site, but wishes to destroy nests located only on their own property.
137°/37/14	e print the information below: Applications will be denied if information and signature is not
Site 1	Name: ARCADIA PARK POND County: OAKLAND (of physical property)
Town	nship/city: ROCHESTER HILLS (of physical property)
	uittee Name: JASON BOND
Mail:	ing address: 1715 BLUSHING COURT
City/	State: ROCHESTER HILLS/MI Zip: 48307 phone #: 248-848-4785 Email Address: RAYMOND BONDE HOTMAIL. COM
Day _]	phone #: 248-848-4785 Email Address: RAYMOND BONDE HOTMAIL. COM
Who	will do the nest destruction? This information must be supplied to the MDNR by April 1.
	Myself *
	Tyself with others assisting (you must keep a list of all participants. Must be 18 yrs or older)
X P	rivate Contractor: List contractor ROSE PEST SOLUTIONS
	plan on conducting the egg destruction yourself, you are required to attend a training session
Have yo	ou attended the training session before? YES NO
A perm	it may be issued after the permittee that has obtained approval to conduct the program on the site listed above. This permit
does no	t authorize the permittee (while conducting this program) to trespass on lands not owned by him/her unless authorization of the last been given. I have read the attached nest information sheet, verified I am in the eligible area, and agree to abide by the
progran	i guidelines.
SIGNA	TURE:
	to: MDNR Holly Recreation Area, Attn Wildlife
- * 1 1 2 2 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3	HI WILLIAM THIN KOCCATION AMOS. Attn Middle

Submit to: MDNR Holly Recreation Area- Attn Wildlife

8100 Grange Hall Rd Holly, Mi 48442