



TOWN OF SAINT ANDREWS

LANDOWNER REQUEST FOR CONSIDERATION UNDER THE DEPARTMENT OF NATURAL RESOURCES DEER MANAGEMENT PLAN

DATE: _____

PROPERTY OWNER'S NAME: _____

PROPERTY ADDRESS: _____

TELEPHONE NUMBER: (H) _____ (C) _____

EMAIL ADDRESS: _____

PID NUMBER: _____

SIGNATURE: _____

The personal information gathered on this form is voluntarily provided by individuals. If provided, the information will be used or disclosed for the purposes for which it was collected in accordance with the *New Brunswick Right to Information and Protection of Privacy Act*.

_____ Property verified by Town Clerk as being in the Town of Saint Andrews boundaries.

Angela, McLean, Clerk
Town of Saint Andrews