



TOWN OF SAINT ANDREWS

LANDOWNER REQUEST FOR CONSIDERATION UNDER THE DEPARTMENT OF NATURAL RESOURCES NUISANCE DEER MANAGEMENT ASSISTANCE PROGRAM

DATE: _____

PROPERTY OWNER'S NAME: _____

PROPERTY MANAGER: _____

PROPERTY ADDRESS: _____

TELEPHONE NUMBERS: (H) _____ (C) _____

EMAIL ADDRESS: _____

PID NUMBER's: _____

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 within the Town of Saint Andrews boundaries.

Paul Nopper, Town Clerk – Senior Administrator
Town of Saint Andrews