



City of Robins Urban Deer Management Permit Application

Special Use Permit for Limited Bow Hunting

Last Name: _____ First: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone ~Home: _____ Cell: _____ Work: _____

Iowa Hunting License Number: _____

Iowa Habitat Bow Hunter Safety Course Number: _____

AUTHORIZED TRAINING COURSE

Proof of successful completion of an authorized Urban Deer Management Program bow hunting training course must be submitted at the time of application.

Name of Course: _____ Location: _____

Name of Instructor: _____ Date Completed: _____

CIRCLE THE APPROPRIATE RESPONSE

Have you ever been charged, arrested, or convicted of an Iowa Fish & Game Violation? Yes No

Have you ever been charged, arrested or convicted of a felony? Yes No

If you answered yes to either question please provide a detailed written explanation. Issuance of a permit is at the discretion of the Robins Police Chief or his designee.

I understand that all bow hunting activities must be conducted from an elevated position, at least 10 feet above the ground and no closer than 200 feet from any residence or occupied structure, or any established walkway, bikeway, trail, or park. All shots must be in a downward trajectory in an inward direction to the permitted property.

I understand that a Deer Harvest Report must be submitted for any and all deer obtained within the city limits.

I understand that a Robins Urban Deer Management Permit, a valid Iowa hunting license, habitat stamp, signed landowner permission form and his/her Bow Hunter Education Course card must be carried while participating in any hunt activity within the city limits.

I authorize the Robins Police Department to investigate and verify the information submitted on this form.

I, the undersigned, do hereby swear that the above information is true, complete and accurate, and I agree to hold the Iowa Department of Natural Resources and the City of Robins: and its agents or employees, harmless from any and all activities associated with this deer management program. I further understand that any misrepresentation on this Application will result in my Application being denied and my hunting privileges revoked.

Signature of Applicant

Date

Application Approval

City of Robins Urban Deer Management Program permit issued: _____

City of Robins Urban Deer Management Program Authorizing Individual:

Print Name

Title

Signature

Date

Deer Harvest Report

Name of Shooter _____

Location of Harvest _____

Date of Harvest _____

Number of Deer _____

Doe Buck

I hereby attest to this information being complete and correct.

Printed Name _____

Signature _____

Date _____

For City use only:

Received By: _____ Date _____