

**Hidden Valley Lake Property Owner's Association  
2017/2018 Deer Culling Permit Application**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relation: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State Issued: \_\_\_\_\_

Indiana Hunter's License #: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Vehicle Model: \_\_\_\_\_ Vehicle Color: \_\_\_\_\_

Vehicle License #: \_\_\_\_\_ State Issued: \_\_\_\_\_

Years Hunted: \_\_\_\_\_ 2017/2018 Deer Harvested: \_\_\_\_\_

State of Indiana Hunting Violations and/or HVL POA Deer Culling Rules Violations Yes/No: \_\_\_\_\_

If Yes, Please Explain: \_\_\_\_\_

\_\_\_\_\_

**Certification and agreement:** I certify that I have not violated (or been convicted of violating) any fish and game laws of the States of Indiana, Ohio or Kentucky and that the information on this application is true to the best of my knowledge. I agree that I understand and shall abide by all rules applicable to the 2017/2018 HVL POA Deer Management Bow Hunting, Deer Culling Program and the State of Indiana hunting laws. I understand that any false or fraudulent statement made herein shall result in the loss of HVL POA Deer Culling licenses, tags and privileges.

Indicate acceptance by placing your signature below.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Received in HVL POA Office by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_