

Hidden Valley Lake Property Owner's Association 2020-2022 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: _____ 2020-2022 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 2020-2022 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 a signing below.

Print Name: _____ Signature: _____ Date: _____

Received in HVL POA Office by: _____ Date: _____ Time: _____