## AFFIDA VIT - BEA VER CONTROL

Date:
Name:
Address: $\qquad$
Phone: $\qquad$

I am the registered owner of the following land location(s):

## OR

I am authorized to remove beaver from the following location(s):
(copy of consent form(s) attached)
$\qquad$
(Legal Description)
$\qquad$
(Legal Description)
$\qquad$
(Legal Description)
(Legal Description)


I declare that the beaver tails presented for payment were removed from the above noted land and the said beavers were causing flooding of agricultural land.

We grant permission for County personnel to access this land for the purpose of verification that agricultural land was being flooded by these beavers.
$\qquad$

INSPECTOR’S COMMENTS: $\qquad$

OFFICE USE ONLY - BEAVER TAIL PAYMENTS
Invoice Number: $\qquad$ Description: \# $\qquad$ Beaver Tails
$\qquad$ Payment Total \$ $\qquad$ (2-62-24-2280-0000 EX)

Approved By: $\qquad$ Date: $\qquad$

