



Parks & Recreation Department

"We work . . . so you can play"

CLINTON DEER MANAGEMENT PERMIT APPLICATION

DATE _____

APPLICANT INFORMATION

LAST NAME _____

MIDDLE NAME _____

FIRST NAME _____

BIRTHDATE _____

STREET ADDRESS _____

CITY _____

STATE IOWA ZIP _____

***EMAIL:** _____

CELL PHONE _____ WORK PHONE _____

~ If Born Prior to 07/01/1972 · Proof Of One Of The Following ~

HUNTER SAFETY COURSE _____

INTERNATIONAL BOW HUNTER SAFETY _____

Print Name

Hunter Signature

PROFICIENCY TESTING – PASS DATE _____

Signature of Test Administrator

Phone: 563 / 243-1260
Fax: 563 / 242-6131

clintoniowa.recdesk.com

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