



NEW JERSEY DIVISION OF FISH AND WILDLIFE

Bureau of Freshwater Fisheries

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Phone: (908) 236-2118 Fax: (908) 236-7280



BAITFISH HARVEST REPORT FORM

ALL ITEMS MUST BE COMPLETED. (PLEASE PRINT OR TYPE)

REPORT MUST BE SUBMITTED TO THE ADDRESS ABOVE BY THE 10TH OF THE MONTH FOLLOWING HARVEST

PERMIT NO.		NAME OF PERMITTEE		OFFICIAL USE ONLY DATE RECEIVED:
WATERBODY				
MONTH AND YEAR OF REPORT		BAITFISH SPECIES		
DAY OF THE MONTH	NUMBER OF BAITFISH TAKEN	DAY OF THE MONTH	NUMBER OF BAITFISH TAKEN	
1		16		
2		17		
3		18		
4		19		
5		20		
6		21		
7		22		
8		23		
9		24		
10		25		
11		26		
12		27		
13		28		
14		29		
15		30		
		31		
OTHER BAITFISH SPECIES CAUGHT			TOTAL NUMBER OF BAITFISH TAKEN	
I CERTIFY UNDER PENALTY OF LAW THAT THE INFORMATION PROVIDED IN THIS DOCUMENT IS TRUE, ACCURATE AND COMPLETE.				
_____			_____	
DATE			SIGNATURE OF PERMITEE	