

## BEAVER CONTROL INCENTIVE PROGRAM – LANDOWNER FORM

Form <u>MUST</u> be completed if an authorized person, other than the landowner, is to receive payment.

I, certify Landowner Name	that the beaver tails that are being submitted for
the beaver control incentive program were removed from prop	erties in Beaver County, with landowner
permission, and in accordance with all applicable legislation a	nd that the authorized person listed below can
receive payment for the tails submitted.	
Name of Authorized Person:	
Address:	
Telephone:	
Email (optional):	
Legal Land Description (s):	
	<del></del>
Landowner Signature	Date

Phone: (780) 663-3730 Fax: (780) 663-3602 www.beaver.ab.ca Email: administration@beaver.ab.ca