

CONTROLLED DEER HUNTING PERMIT APPLICATION 2017-2018

BOROUGH OF CHESTER
50 NORTH ROAD, CHESTER, NJ 07930
Telephone (908) 879-3660

PLEASE READ ALL INSTRUCTIONS AND REGULATIONS BEFORE COMPLETING

APPLICANT NAME: _____

HOME MAILING ADDRESS: _____

TOWN: _____ STATE: _____ ZIP: _____

TELEPHONE:(Mobile or Home): _____ (E-Mail) _____

NJ DRIVER'S LICENSE #: _____

VEHICLE #1 PLATE # _____ VEHICLE #2 PLATE #: _____

List your appropriate hunting license and permit number(s) for the 2017-2018 season:

ALL-AROUND LICENSE #: _____ FALL BOW # _____

PERMIT BOW # _____ WINTER BOW# _____

READ THIS STATEMENT AND SIGN BELOW: I, the undersigned, understand that all rules and regulations established by the New Jersey Division of Fish and Wildlife and the Borough of Chester are to be observed. I understand that it is my responsibility to learn the locations of park boundaries and safety zones. I understand that I shall carry the approved permit while hunting on Borough property and I shall identify myself and my vehicle to any law enforcement official or Borough agent. I understand that the Borough of Chester has the right to restrict or cancel the program at any time when conditions warrant. In consideration of the acceptance of this application, I waive and release all rights and claims for damages against the Borough of Chester and its employees and agents for any and all injuries which may be suffered by my participation in this program.

Signature of Applicant

Date
