



County of Northern Lights Beaver Control Consent Form

DECLARATION

OWNER

I, _____, land owners, hereby authorize

(Trapper's Name & Address)

to remove beaver(s) from _____
(Legal Land Description)

The said beavers are causing significant flooding damages.

We grant permission to County personnel to access the land for purpose of verification that land was being flooded by beavers.

Date

Land owner signature

TRAPPER

I am authorized to remove beaver(s) from _____

I affirm the _____ beaver tails presented for payment were removed from the above noted land and the said beavers were causing flooding.

Date

Control Persons (Trappers) Signature

Witness (County Personnel) _____

- The total amount for the program will be as established by budget limitations, the County is not obligated to pay the incentive payment if the designated budget amount has been expended.
- **Maximum allowed is 35 beaver tails per fiscal year per producer/trapper

Please phone the Ag Fieldman, 780-836-3348, prior to submitting beaver tails
**The ASB may increase amount allotted to a trapper.