



2017
Controlled Hunt
Application
CHANGE REQUEST

Fax this application to 503-947-6113 OR 503-947-6117.

We are unable to accept telephone orders.

CHANGE REQUEST MUST BE RECEIVED BY JUNE 1 IN ORDER TO BE ACCEPTED.

PHOTOCOPIES OF THIS PAGE MAY BE USED.

QUESTIONS? CALL 503-947-6101

Change form # _____

Issue Date _____

Initials _____

Verification _____

Date _____

Initial _____

DEPARTMENT USE ONLY

MAIL TO: ODFW Controlled Hunts: 4034 Fairview Industrial Dr SE Salem OR 97302

LAST NAME (Please Print) _____ FIRST _____ MI _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIPCODE _____

DAYTIME PHONE NUMBER _____ EMAIL ADDRESS _____

Hunter/Angler ID Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of Birth (MM-DD-YYYY)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

You may make changes to a controlled hunt application that has been purchased through June 1. The first change to an existing controlled hunt series application is free. For any additional changes to that series application there will be a fee of \$25.00.

Make changes to application below showing how you want your application to go through the Drawing: What hunt series _____

Party Leader # _____

1st Choice _____

2nd Choice _____

3rd Choice _____

4th Choice _____

5th Choice _____

LOP Choice _____

Requested Correction:

Please mark the appropriate line that applies.

___ I would like to be Party Leader

___ I would like to be a Party Member:

List the Party Leader's Name _____

Hunter/ Angler ID # _____

___ As the party leader, I would like to dissolve my whole party to
Individual applications

___ Please change my application to reflect a new Party Leader:

List the Party Leader's Name : _____

Hunter/ Angler ID # _____

Please remove me as a Party Member to Individual

I would like to change from a Party Member to Party Leader

PAYMENT METHOD: (PLEASE DO NOT SEND CASH)

Check/Money Order to ODFW enclosed or MasterCard / Visa / Discover ↓ CVC # _____

Credit Card number _____ Exp. Date _____

Signature _____

Applicants Signature _____

Date _____