



Feral Swine Removal Plan

Date ODFW First Notified: _____

Plan Date: _____

Landowner: _____

Land Manager: (if different): _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone #: _____

Email: _____

Signature: _____ **Date:** _____

Legal Description of Property with swine/damage: T____, R____, Sec. _____

Map: Tax lot/NRCS Farm etc. Please attach and highlight areas of feral swine activity.

Evidence:

_____ Visual Maximum Number Seen: _____

_____ Damage Type: _____

Est. Amount: _____

_____ Other: Please Specify: _____

History: List past action(s) taken, estimated cost of action(s) and any swine removed (if any):

Cost(s): time, materials, etc.

Past Total Removed: (if applicable) _____

Proposed Actions: Please Specify (i.e. hunting, trapping, aerial gunning with Wildlife Services, etc.). Contact your local ODFW biologist to help you decide on the best course of actions.

Expiration Date of Plan: _____

District Biologist Signature and Date: _____

Invasive Species Coordinator Signature and Date: _____