

Town of Dover
Board of Health - Lyme Disease Committee
Bow-Hunting Application 2013

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone () _____ Date of Birth _____

Work Phone () _____

Mobile Phone () _____

FAX/email _____

Automobile Make _____ Model _____ Year _____

Color _____ Plate Number _____

1) Number of years hunting experience _____
Number of years bow-hunting experience _____

2) Are you familiar with Dover Land-managed areas? Which ones:

a _____

b _____

c _____

3) Do you have a preference for a particular area (please list)

a _____

b _____

c _____

I, the undersigned applicant, am aware that I am seeking to participate in a **Pilot program to control the deer population in Dover to reduce the spread of Lyme Disease**. I understand that, based on the success of this pilot program this event might continue on an annual basis. I will first and foremost be providing a land management service for the Town of Dover. I agree to submit to an interview by Dover Lyme Disease Agents and to abide by the Rules and Regulations established by the Dover Board of Health and Lyme Disease Committee. I am aware that the BOH may cancel bowhunting on Dover Town lands and revoke my permit at any time, without cause.

Signature _____ Date _____