

## Maine Department of Inland Fisheries and Wildlife 353 Water Street, 41 SHS Augusta, ME 04333 Phone 207-287-8000 / Fax 207-287-9037

## **Non-Resident Landowner Verification Form**

## **Landowner Information**

Name:		Date of Birth:
Corporation Name (if applicable	e):	
Phone Number: ()	Email:	
Mailing Address:		
Physical Address:		
Land Information		
Town:	Number of Acres:	
Page #: Map #:	Lot #:	-
Physical Address of Property:		
Any nonresident hunter who mand who hunts on the Saturday carry on their person, the Commissioner's agent upon their registering a deer killed on this design.	ent in order to legally hunt on neets the requirements established preceding the first day of the open is completed form. This document r request. This document shall also	ed in 12 M.R.S. § 11401, sub-§1, Paragraph "E" (below) en season on deer (known as Maine Resident Day) must nt must be provided to the Commissioner or the so be used for verification purposes by the hunter when hers for the same land each hunter shall have a separate
	MAINE STATE 12 MRSA §11401, sub-§1	
	or more acres of land in the State	and leaves that property open to hunting, holds a valid t deer on the Saturday preceding the first day of open
		epresentations and facts herein are true. By making nmitting a Class D crime, punishable by law under A, §453.
Signature of Landow	vner:	Date:
3 11 1 1 11110	(Signature Required)	<del></del>