

**California Department of Fish and Wildlife
Attention: License and Revenue Branch
PO Box 944209
Sacramento, CA 94244-2090**

MONTHLY REPORT FORM FOR THE MONTH OF _____, YEAR _____

MUST BE COMPLETED AND RETURNED TO THE ADDRESS ABOVE WITHIN 10 DAYS AFTER THE CLOSE OF EACH MONTH DURING THE SHOOTING SEASON.

SHOOTING AREA'S NAME

SHOOTING AREA'S OPERATOR'S FIRST NAME

LAST NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

NEAREST TOWN

COUNTY

NUMBER OF MIGRATORY BIRDS ON HAND AT BEGINNING OF SEASON

NUMBER OF ADDITIONAL BIRDS PURCHASED

DATE

[illegible]