California Department of Fish and Wildlife

FISH TAG RECOVERY RECORD

*Please fill out this form, attach the tag, and mail it to: CA Dept. Fish & Wildlife 830 "S" Street Sacramento, CA 95811

Your information: Name (First and Last):				
Mailing Address:				
City:	State:		Zip:	
Day time Phone Number with Area Code:				
Tagged Fish Information:				
Fish Tag Number:	Kind	of Fish:_		
Total Length of Fish (measured from tip of nose to tip	of tail):		Date caught:_	
Did the fish have another tag on it? ☐ YES ☐ NO If so, explain:				
Where was the fish caught? (Be as specific as possible):				
Other Information:				
When were you fishing? (check one): □ DAY	□ NIGH	НT		
Was the fish kept or released (check one)? $\ \Box$ I	KEPT		EASED	
What were you using (check one)? ☐ BAIT	□ LURE			
How were you fishing (check one)? □ BOAT	☐ SHOR	Ι Ε		
Did you catch any other fish today? Explain				
Other comments:				

ATTACH TAG HERE