

California Department of Fish and Wildlife Fish Tag Recovery Record



*Please fill out this form, attach the tag, and mail it to:
California Department of Fish and 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: _____

Email Address: _____

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 NIGHT

Was the fish kept or released (check one)? KEPT RELEASED

What were you using (check one)? BAIT LURE

How were you fishing (check one)? BOAT SHORE

Did you catch any other fish today? Explain. _____

ATTACH TAG HERE