

ORROCK TOWNSHIP GOPHER BOUNTY CLAIM

Trapped in Orrock Township Only

NAME OF TRAPPER:

MAILING ADDRESS:

TELEPHONE NUMBER:

NUMBER OF PAIR OF FRONT GOPHER FEET PRESENTED:

Property Address of Trapping Location

Same as Mailing Address Above

Street Address:

City/State/Zip:

TODAY'S DATE

TOTAL NUMBER OF PAIRS: X =

DECLARATION

I declare under the penalties of law that this account, claim or demand is just and correct that that no part of it has been paid.

Date: **Signature of Claimant:**

The two (2) front gopher feet must be frozen or dried, in a sealed container and presented with Claim.

Payment will be issued by check and mailed after the next regular scheduled Town Board Meeting.

Filed with the town on:

Audited by the town board and allowed in the sum of \$