



POLICE DEPARTMENT

"An Internationally Accredited Agency"

David W. Haren

Chief of Police



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APPLICATION FOR DEER MANAGEMENT PROGRAM

PERSONAL INFORMATION

Name _____
Address _____
Home Phone _____ Cell Phone _____
Ohio OL # _____

EMERGENCY CONTACT INFORMATION

Name _____
Address _____
Phone _____ Other _____
Relationship _____

VEHICLE INFORMATION

Make _____ Model _____ Year _____
License Plate _____ Color _____

EQUIPMENT INFORMATION

Make of Bow or Crossbow _____
Arrow Type _____ Fletching Color(s) _____
Nock Color _____ Crest Color(s) _____ Broadhead Type _____

***All arrows must be the same**

Upon signing this, I agree that I have read the regulations regarding the deer management program in the City of Heath. I also understand that any violation of the regulations will result in the revocation of my permit and possible arrest as well as suspension of my hunting privileges in Heath for two years. Attached permission slip(s) to form.

Signature _____ Date _____

Stamp and Signature from Broken Arrow

Approved _____