



CODED WIRE TAG RECOVERY

Requested by authority of Part 487, 1994 PA 451, as amended.

ONLY ONE FISH PER FORM - Complete using pencil.

Name of Angler (Last, First, Middle Initial)		Date Caught - <u>MUST INCLUDE YEAR</u>	Grid Number
Street or Route Address Apt. #		Capture Port & Location	
City, State, ZIP		Capture Lake/River <input type="checkbox"/> Superior <input type="checkbox"/> Michigan <input type="checkbox"/> Huron <input type="checkbox"/> Erie <input type="checkbox"/> Ontario <input type="checkbox"/> Other:	
Collector <input type="checkbox"/> Volunteer <input type="checkbox"/> Charter <input type="checkbox"/> Creel <input type="checkbox"/> Bio-tech <input type="checkbox"/> Other:			
Species (check one) - <u>REQUIRED</u> <input type="checkbox"/> Chinook Salmon <input type="checkbox"/> Atlantic Salmon <input type="checkbox"/> Lake Trout <input type="checkbox"/> Coho Salmon <input type="checkbox"/> Rainbow (Steelhead) <input type="checkbox"/> Brown Trout		Length (nearest 1/10 in.)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown
		Weight (nearest 1/10 lb.)	Maturity <input type="checkbox"/> Mature <input type="checkbox"/> Immature
Place form in it's own bag with head and freeze. Take bag to the nearest "head" drop site or contact: <u>DNR-Fish-CWT@michigan.gov</u>		CHARLEVOIX FISHERIES RESEARCH STATION MICHIGAN DEPARTMENT OF NATURAL RESOURCES 96 GRANT STREET CHARLEVOIX MI 49720 Telephone: (231) 330-2845	
AGENCY USE ONLY			
Bag Number (pre-numbered)	Fin Clip	Scale/Maxillary(Y/N)	Creel ID #
			Creel Clerk initials
			USFWS Specimen #