



MICHIGAN DEPARTMENT OF NATURAL RESOURCES
CUSTOMER SYSTEMS

AFFIDAVIT FOR LOST TAXIDERMY TAGS

This information is required by authority of The Michigan Department of Natural Resources and Part 401 of Act 451, P.A. 1994 as amended to obtain replacement Taxidermy Tags.

Name of Customer (Last/First/M.I.)			Business Name		
Address (Number/Street/Route)			Area Code and Telephone Number		
City		State	Zip Code		Driver's License or Sportcard Number
Please describe the facts regarding the loss of your taxidermy tags:					

I certify that my original taxidermy tags indicated above has been lost and request that this affidavit be accepted for a taxidermy tags.					
_____				_____	
Signature of Customer				Date	

Mail this affidavit and any attachments to:

**CUSTOMER SYSTEMS
MICHIGAN DEPARTMENT OF NATURAL RESOURCES
PO BOX 30181
LANSING MI 48909-7681**