



INLAND WATERWAY WALLEYE STUDY



JAW TAG RECOVERY FORM

Angler name			Date caught	Tag number
Address			Capture location description (Please also mark on map below)	
City	State	Zip code		
Phone number			Length: (Nearest 1/10 inch) _____	<input type="checkbox"/> Check box if fish was released
Species: (check one)				
<input type="checkbox"/> Walleye		<input type="checkbox"/> Northern pike		<input type="checkbox"/> Muskellunge
<input type="checkbox"/> Smallmouth bass				

► **Fill out completely and legibly. Flatten and tape tag to sheet, or make imprint of tag by rubbing a pencil over the paper with the flattened tag behind the paper. Angler may be asked to produce tag in order to receive reward.**

Mail to: CHARLEVOIX FISHERIES STATION
96 GRANT STREET
CHARLEVOIX, MI 49720
Telephone: (231) 547-2914

