

**VILLAGE OF WESTFIELD CENTER
PRIVATE LAND TRAPPING PERMISSION FORM**

DATE:	TIME:	ASSIGNED NUMBER:
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Property Owner to Complete Below:

PROPERTY OWNER NAME:	
PROPERTY ADDRESS:	
TELEPHONE NUMBER:	
EMAIL ADDRESS:	

LIST SPECIFIC VARMINT AND SPECIFIC LOCATION:

I hereby consent to the Village of Westfield Center for trapping raccoons, skunks and ground hogs on my property.

SIGNATURE OF PROPERTY OWNER: _____ DATE: _____

(TO BE COMPLETED BY VARMINT CONTROL OFFICER.)	
DATE TRAP SET:	_____
DATE TRAP RETRIEVED:	_____
VARMINT CONTROL OFFICER SIGNATURE & DATE:	
_____	_____