NJ River Otter Harvest Report Form for 2024-25

Please bring this form to check station with you. If you don't harvest a river otter this form must be returned with Trapper & Trap Information.

Via US Mail to: Northern Region Office, 26 Rte 173w, Hampton NJ 08827 or Via Email to: joseph .garris@dep.nj.gov

ete	Trapper Information	<u>on</u>				Trap In	formation (if you trap	pped)	
All Trappers complete	Trapper Name:					-	Trap Type:		
	Daytime Phone:	()				Trap Size:		
	Conservation ID:						Set Type:		
All 7	# of Days Trapped:				days	Average	traps / day:		
	A 4 . 3 TT	D	NT . T						
Automated Harvest Report Number: (If AHRS active, write number above. If not active, leave blank.)									
Loca	tion Information			(,				
Wate	rcourse or Water Boo	ly:							
Near	est Road Intersection:								
Desc	ription of habitat:	_	(ov. 1-	20110# 61110#	- frankrist-	r moreh salt	wsh wooded stresses w1/	lalza)	
Land	owner's name (if know	wn).	(ex.: be	eaver swamp	, iresnwate	r marsn, sait mai	rsh, wooded stream, pond/	іаке)	
Landowner's name (if known):				(if public land, what agency / authority?)					
Town	nship:								
Coun	nty:	_							
Man	agement Zone:								
Home	est Date:				п г		Say (Man E).		
пагу	est Date:	Mon	ıth	Day		Year	Sex (M or F):		
DIV	ISION USE ONLY								
Check Station: A = Assunpink; C = Clinton; F = Flatbrook; N = Newfoundland; T = Tuckahoe; W = Winslow.									
				1 1					
CITE	ES Seal Number:	2	4						
.		0	\neg			2			
Regis	stration Date:	Mon	th	Day		Year			
						1001			
Total	pelt length (mm):				Tail le	ngth (mm):			
Carca	ass submitted (Y/N)?								
Carc	eass Information								
Total length (mm):					Tail le	ngth (mm):			
			1						
Weig	ght (g):				Sex (M	I or F):			