



TSESHAHT FIRST NATION

5091 Tsuma-as Dr. Port Alberni, BC V9Y 8X9
P: 250.724.1225 | F: 250.724.4385 | Tseshaht.com

Fish Release Form

Date: _____

Tell us about yourself:

- 1| Name _____
- 2| I am: an elder a person with disability _____
- 3| Phone number _____
Of individual making the request

Tell us who is authorized to pick up your fish:

- 4| Name of person picking up fish _____
- 5| Phone number _____
Of individual authorized to pick up fish
- 6| Authorized for: Full Season One time only _____
 All future pickups until changed _____
 Other: _____
- 7| Authorized by: _____
Print your name *Signature*

8 OFFICE USE ONLY	
Received by:	
<input type="checkbox"/> Fisheries Manager	Date: _____
<input type="checkbox"/> Fisheries Administrative Assistant	Date: _____
<input type="checkbox"/> Fisheries Lead Guardian	Date: _____