



**PROPERTY OWNERS ASSOCIATION**  
 33430 HARVEST WAY  
 WILDOMAR, CA 92595  
 PH: (951) 244-3719 • FAX (951) 244-0553

**FISHING PERMIT APPLICATION / REQUEST**

Date of Request: \_\_\_\_\_ Account Number: \_\_\_\_\_

Name of Resident: \_\_\_\_\_

Name of Owner if different: \_\_\_\_\_

Farm Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Check box that applies:

- New Fishing Permit                       Replacement Fishing Permit

**Part 1:**

I, \_\_\_\_\_, agree to abide by the rules.

- Hours 6:00 a.m. to 10:00 p.m.
- No overnight fishing permitted.
- Catch and Release Only.
- Any bait, loose line or tackle must be placed in trash receptacle.

\_\_\_\_\_  
 Signature

**Part 2:** Reason for the Replacement: (lost / broken etc.)

\_\_\_\_\_

**Part 3:**

Permit Number Returned: \_\_\_\_\_

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|--|
| <p><i>To be filled out by FPOA Personnel</i></p> <p>Permit Number: _____</p> |
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**DO NOT WRITE BELOW THIS LINE – FOR FPOA PERSONNEL ONLY**

Member in Good Standing: Y or N: If no, why?) \_\_\_\_\_

Date & Reason for Permit Confiscation: \_\_\_\_\_