



Applicant Details

First name:		Last name:	
Salutation:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other:		
Postal address:			
Suburb:		Postcode:	
Email address:			
Home telephone:		Mobile:	
Associated Fishing Club/Organisation:			

Stocking Details

Aims of stocking:	
Species to be stocked:	
Proposed number of fish:	

Stocking Site Details

Waterway name	Site name	Nearest town	Latitude <i>e.g. -33.891878</i>	Longitude <i>e.g. 151.169737</i>

Please return completed form to:
Fisheries Management Officer
5/620 Macauley Street
ALBURY NSW 2640
E-mail: fish.stocking@dpi.nsw.gov.au