



EVANSVILLE, INC.

P.O. BOX 72579 | FAIRBANKS, AK 99707 | PHONE (907)374-7084 | FAX (907)374-7085
EMAIL: admin@evansvillecorporation.com | WEBSITE: www.evansvillecorporation.com

Resource Use Application/Permit

This application/permit is for:

Firewood (dead standing only) Trapping (trapline) Hunting Other (please describe) _____

Individual Organization Are you an Evansville, Inc. shareholder? Yes No

Permit Fee: Shareholder \$10 Non-shareholder \$25 Are you an adult? (18 years or older) Yes No

Name _____

Mailing address _____

Residence address (if different) _____

Phone number _____ E-mail address _____

Location of activity _____

Requested start date of activity _____

Please remit fee when submitting your application. If denied, your payment will be returned to you.

I hereby agree to comply with the special conditions set forth. I certify that (a) the timber to be removed is dead, either down or standing, (b) timber removed is to be used for my personal use only, (c) timber removed is not to be sold or bartered, (d) removal of timber can begin only upon receipt of a permit signed by Evansville, Inc., (e) Evansville, Inc. will be notified upon completion of cutting and removal and (f) I agree to hold Evansville, Inc. harmless should any injuries occur. I certify that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

Applicant Signature

Date

EVANSVILLE, INC.

RESOURCE USE PERMIT

PERMIT: APPROVED DENIED USAGE DATES OF PERMIT: From ___/___/___ To ___/___/___

ISSUED TO: _____

PERMIT TYPE: Firewood (Dead standing only) Trapping (Trapline) Hunting Other _____

SPECIAL CONDITIONS (if applicable) _____

Signature of Authorized Official

Date

