# South Carolina Department of Natural Resources

1000 Assembly Street, PO Box 167
Columbia, SC 29201

Print Form

Submit by Email

## Canada Goose Depredation Permit Application

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Work or Cell Phone: _____

| Description of Damages | | | | |
|---|---|---|---|---|
| Location of Property Damage (if different from address above) | County | | | |
| | **Previous Actions Taken to Alleviate Damage** | | | |
| | ☐ | Harrassment | ☐ | Habitat Alteration |
| | ☐ | Chemical Repellents | ☐ | Exclusion |
| | ☐ | Egg/Nest Destruction | ☐ | Visual Deterrents |
| Description of Damage | (Describe other actions) | | | |
| | ☐ | Other | | |
| Is the Damage Currently Occurring? ☐ Yes ☐ No | Number of Geese Currently Using Property: | | | |

What action(s) do you wish to take to address the problem?

Is this property in a developed or planned community with a Property or Home Owner's Association?

☐ Yes ☐ No

If **YES**, and lethal control is the requested action, you must submit a signed letter from the Association supporting or not objecting to the lethal control actions taking place within the community/development.

Is the property on a developed public waterfront such as Lake Murray, Lake Greenwood, Lake Hartwell, Lake Marion, Lake Moultrie, etc.?

☐ Yes ☐ No

If **YES**, and lethal control is requested action, you must submit a signed written statement from all immediately adjacent waterfront property owners supporting or not objecting to the lethal control action.

**Sign and mail completed form and any required statements to:**

**SCDNR**
**Wildlife Depredation Permits**
**PO Box 167**
**Columbia, SC 29202**

**Signature:** _____

**E-Signature:** _____

Clear E-Signature

Telephone: 803.734.3887 / Fax: 803.734.6020/ www.dnr.sc.gov