Claim Number _____

LIBERTY TOWNSHIP – BELTRAMI COUNTY

GOPHER BOUNTY CLAIM

To be completed by the Claimant or by the Town Clerk upon authorization of the Board.

Claimant(s) Name: _____ Phone: _____

Address: _____ Cell: _____

_____ Email: _____

Property Owner's

Name: _____ Phone: _____

Address: _____ Cell: _____

_____ Email: _____

Location of where gophers were killed: Township Section _____

_____

Number of gophers killed = _____ Both front feet must accompany claim, should be frozen. No payment will be made if feet are rotting or otherwise unable to be counted.

Signature of person verifying the count: _____

DECLARATION: I declare under the penalties of law that this account, claim, or demand is just and correct and that no part of it has been paid.

_____ _____

Signature of Claimant(s) Date

Filed with Liberty Township on _____, 20___. Audited by the town board and allowed in the amount of $_____.

Supervisors:

Amount of Claim check $_____Fund.

Clerk: _____

Revised: 10/26/23