

Zoo Permit Renewal Form



FOR DEPT. USE ONLY
Check# _____
Amount _____
Date ____/____/____
Initials _____

NEW MEXICO DEPARTMENT OF GAME & FISH
LAW ENFORCEMENT DIVISION
SPECIAL USE PERMITS PROGRAM
P.O. BOX 25112
SANTA FE, NEW MEXICO 87507
(505) 476-8064/ Fax (505) 476-8133

PERMIT YEAR: 20 _____ / **20** _____
(April 1- March 31)

Permit Fee: \$15.00 /year

AMOUNT ENCLOSED \$ _____

I WISH TO RENEW

I DO NOT WISH TO RENEW

NAME: _____

ORGANIZATION: _____ **WEBSITE** _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE NO: _____ **EMAIL** _____

Zoo permits expire March 31st annually. Renewal forms and Annual Reports must be received before that expiration date.

Complete the attached Zoo Annual Report Form in order to renew your permit; you may print multiple copies if necessary.

I CERTIFY THAT THE FOLLOWING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature of Zoo Director

Printed name of Zoo Director

Date

