

REQUEST FOR FISH STOCKING FUNDS

Viking Sportsmen
P O Box 301
Alexandria, MN 56308
vikingsportsmen@gmail.com

Date of request: _____

Requesting Lake Association: _____

Contact person:

Name: _____

Address: _____

Phone: _____

Email: _____

Dollar amount of stocking: _____

Address to send check if approved (copy of receipt from fish stocker must be received after stocking before payment is sent):

Viking Sportsmen Use

Date Request Received: _____

Amount approved \$ _____: Date: _____

Signatures of President/Vice President:

Check # _____

Sent on: _____