

Application for Urban Bow Hunting Permit

City of Marshalltown

Name _____

Address _____

City _____ Iowa, Zip Code _____

Date of Birth ____ / ____ / ____ Email _____

Primary Phone (____) _____ 2nd Phone (____) _____

DNR # _____ Permit # _____

- ☐ I have read and agree to abide by all the rules set forth for the Marshalltown Urban Deer Hunting program.
- ☐ I understand failure to abide by all rules may result in revocation of this permit.
- ☐ I understand I must carry my Urban Bow Hunting Permit; signed landowner permission form and Iowa DNR License.

Applicant Signature Date _____

City Staff Issuing Permit Date _____

Annual Proficiency Certification

Proof of successful completion of an authorized bow-hunting proficiency test must be submitted to receive a special urban hunt permit.

Date _____ Instructor _____

Initial Bow Hunter Safety Education Course

Proof of successful completion of an authorized International Bow-Hunter Safety Education Course must be initially provided to receive a special urban hunt permit.

Course _____
Location _____ Date _____ Instructor _____