TREATY FISHING CATCH REPORT

Little Traverse Bay Bands of Odawa Indians Natural Resources Department
7500 Odawa Circle, Harbor Springs, MI 49740
Phone: (231) 242-1670 Fax: (231) 242-1690 email: dbrowne@ltbbodawa-nsn.gov

Captain License #:_____ **Month Fished**: _____

Name _____ **Phone**: ( )

Address **City** **State** **Zip**

Boat Information

Name _____

Registration #_____ **Length**_____

Lake _____

Gear Type _____

Name of Helper(s)

Name of Helper(s)	Captain/Helper License #

Fishing Effort					Catch By Species							
Day of Month	Place Fished Grid #	Feet of Gill Net Lifted or Number of Trap Nets Lifted	Size of Mesh of Gill Nets or Size of Trap nets	Depth Fished -------- ------- From To (In Feet)	Lake Trout		Whitefish					Name and Location of Fish Buyer
					Round (lb.)	Dressed (lb.)	Round (lb.)	Dressed (lb.)	(lb.)	(lb.)	(lb.)	
Total Weight of Each Kind Taken During Month												

Are the above weights Round (R) or Dressed (D)? (circle one) R or D R or D R or D