McNeil	River	State	Game	Sanctua	ary
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## CHANGE REQUEST FORM Alaska Department of Fish and Game

Completed forms must be received by mail or email, by March 1st

Alaska Department of Fish and Game Division of Wildlife Conservation 333 Raspberry Rd. Anchorage, AK 99518-1565 Attention: McNeil River Change Form

Email: dfg.dwc.mcneil-info@alaska.gov

ORIGINAL APPLICANT INF	ORMATION				
<sup>1</sup> Full First Name M.		M.I. <sup>1</sup>	<sup>1</sup> Last Name		<sup>4</sup> Phone Number
<sup>1</sup> Date of Birth (MM/DD/YY)	<sup>1</sup> Alaska R	Resident? <sup>4</sup>	E-mail Addre	ss (for notification of lo	ottery results)
<sup>1</sup> Malling Address	·			<sup>3</sup> Identification '	Type/Number
<sup>2</sup> City		<sup>2</sup> State/Province	<sup>2</sup> Zip	<sup>2</sup> Country	Orig. Application Confirmation #
CHANGE REQUE	STED				

\_\_\_\_ Add individual to application

\_\_\_\_\_ Change of Individuals or Address \_\_\_\_\_ Change time block choices

\_\_\_\_ Other (describe):

<sup>5</sup>Enter New applicants or update information for existing applicants below

<sup>1</sup> Full First Name		M.I.	' Last Name		<sup>°</sup> Phone Number
<sup>1</sup> Date of Birth (MM/DD/YY) Yes No		lesident? No	<sup>4</sup> E-mail Address	s (for notification of lot	tery results)
<sup>1</sup> Malling Address	·			<sup>3</sup> Identification Ty	rpe/Number
<sup>2</sup> City		<sup>2</sup> State/Provin	cə <sup>2</sup> Zip	<sup>2</sup> Country	\$30.00 per person non-refundable fee for new applicants
<sup>1</sup> Full First Name		M.I.	<sup>1</sup> Last Name		<sup>4</sup> Phone Number
<sup>1</sup> Date of Birth (MM/DD/YY)	<sup>1</sup> Alaska R <sub>Yes</sub>	Lesident?	<sup>4</sup> E-mail Address	(for notification of lot	tery results)
<sup>1</sup> Malling Address	·			<sup>3</sup> Identification Ty	rpe/Number
<sup>2</sup> City		<sup>2</sup> State/Provin	cə <sup>2</sup> Zip	<sup>2</sup> Country	\$30.00 per person non-refundable fee for new applicants

<sup>1</sup> Required Information.

<sup>2</sup> Required combination of City/State/Zip for U.S. addresses; or City/Province/Country for non-U.S. addresses.

<sup>3</sup> Required information: Provide a unique identification such as a driver's license, passport, etc. (include state or country of issue and ID number).

<sup>4</sup> Your phone number and email address will assist us in contacting you. We will notify all permit <u>winners</u> by email and U.S. Mail, but we will only notify <u>unsuccessful</u> applicants by email (if you provide an email address).

<sup>5</sup> A maximum of 3 persons are allowed in your group and on your application. For address changes: fill in applicants name and new address information above and check change of address box.

<sup>6</sup> No fee associated with changes to existing applications. Include check or credit card information for \$30.00 payment each additional person added to original application. Sending Credit Card info over email is not recommended.

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<sup>6</sup> Payment Type	Credit Card Check	TOTAL \$\$	ENCLOSED
Circle One	Credit Card Number	Exp. Month/Year	3 digit code
Visa / MasterCard	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	/	
Name as it appears on card:	Signature of Cardholder:		

## **Time Block Changes**

Guided Viewing Access Permit		Camp-Standby Viewing Access Permit			
(up to 4 choices)	Enter Time Block Letters Below	(up to 4 choices)	Enter Time Block Letters Below		
1st CHOICE		1st CHOICE			
2nd CHOICE		2nd CHOICE			
3rd CHOICE		3rd CHOICE			
4th CHOICE		4th CHOICE			