Application to Addle Canada Goose Eggs in Massachusetts – Valid March 1 to June 30
(Please print clearly or type all information)

Name of Applicant: _____________________________________________________________
Address: ___________________________________________________________________
Town: ___________________________________________________________________
Zip Code: ___________________________________________________________________
Telephone Number: ___________________________________________________________________
Fax Number: ___________________________________________________________________
Email address: ___________________________________________________________________

Names and addresses of persons authorized other than the Owner/Tenant/Manager (if any):
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Location of site to addle eggs (if different from above): ___________________________________________________________________________

Do you own or lease the location where nests are located? □ Owner □ Tenant □ Other (explain)

Briefly describe situation (nature of problem: residential, agricultural, or commercial). Include estimated number of nests on property. Past attempts to solve problem. Add additional sheets if necessary.
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Signature of Applicant ___________________________ Date __________

Please return completed form to:
MassWildlife
Attn: H W Huesmann
1 Rabbit Hill Road
Westborough, MA 01581

Questions? Call (508) 389-6321 or email h.heusmann@mass.gov