

# Beaver Control Program (CAP-BCP) Claim Form

Deadline: February 15, 2019

RM/FNB \_\_\_\_\_ No. \_\_\_\_\_

	Unit #	Rate \$ per Unit	Total Requested
<b>Nuisance Beaver removed</b>		\$	\$
<i>Attach <a href="#">TRAPPER VERIFICATION FORM</a> for each authorized/contracted individual or equivalent information determined in the CAP-BCP Program Guidelines</i>			
<b>Pond Leveler (provide receipts)</b>		\$	\$
<i>Attach list of <b>agricultural</b> legal land description(s) (LLD) or GPS coordinates to three digits where pond leveler(s) were installed in this program year</i>			
<b>Beaver Deceiver (provide receipts)</b>		\$	\$
<i>Attach list of <b>agricultural</b> legal land description(s) (LLD) or GPS coordinates to three digits where beaver deceiver(s) were installed in this program year</i>			
<b>TOTAL CLAIM REQUESTED</b>			\$

*I certify, by signing this form, that the base level of service outlined in the CAP-BCP Program Guidelines has been met for the 2018-2019 program year in the municipality indicated at the top of this form.*

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
*(Reeve/Chief Signature)*

\_\_\_\_\_  
*(Administrator Signature)*

Please submit to SARM **by February 15, 2019** by fax to 306-565-2141 or by email to Annette Ellert, Program Manager at [aellert@sarm.ca](mailto:aellert@sarm.ca)

**No other government grant, rebate, assistance program or payment can be received by the RM/FN with relation to the expenditures subject to this program.** Verification of fulfillment of program requirements may be requested, random audits may be conducted, and information on specific reporting measures may also be requested.