

OKLAHOMA DEPARTMENT OF WILDLIFE CONSERVATION
LAW ENFORCEMENT DIVISION
**NUISANCE WILDLIFE CONTROL OPERATOR
COMPLAINT REPORT FORM**

NWCO OPERATOR:

LAST, FIRST CUSTOMER ID NUMBER

NATURE OF COMPLAINT:

TARGET SPECIES:

METHOD OF CONTROL:

EFFECTIVE DATES OF CONTROL: From:

To:

LOCATION FOR NUISANCE CONTROL:

STREET CITY STATE ZIP

LANDOWNER NAME:

LAST, FIRST

LANDOWNER ADDRESS:

STREET CITY STATE ZIP

LANDOWNER PHONE NUMBER:

LANDOWNER SIGNATURE