

BILLFISH TAGGING REPORT

Please return card promptly, otherwise tagging is of no value

PLEASE FILL IN DETAILS AND MAIL TODAY

TAG #: _____

Species: _____, Date: ^{DD} / ^{MM} / ^{YY} _____, Latitude: _____, N/S, Longitude: _____, W/E

Location: _____, Club: _____

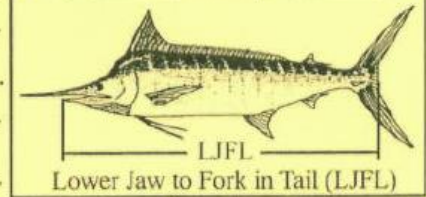
Length _____ in., Weight _____ lbs.

Angler Name/Address: _____

_____, Zip _____, e-mail: _____

Captain: _____, Boat Name: _____

Address: _____ Zip: _____



Bait type: Live bait, Dead bait, Lure, Fly, Other _____ . Water Temp. _____ °F

Fight Time: _____ min. Fish Condition: Excellent, Good, Fair, Poor, Injured, Dead, Unknown.

Comments: _____

Please add e-mail to address above

Response to this form is voluntary.
OMB 0648-0009, expiration date 12/31/2017
NOAA 88-162 2015

U.S. DEPARTMENT OF COMMERCE
NATIONAL OCEANIC AND
ATMOSPHERIC ADMINISTRATION
NATIONAL MARINE FISHERIES SERVICE
OFFICIAL BUSINESS



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