

# PENOBSCOT NATION

DEPARTMENT OF  
NATURAL RESOURCES

JOHN S. BANKS, DIRECTOR



12 WABANAKI WAY  
INDIAN ISLAND, ME 04468  
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To: Elver License Holders  
From: Yvonne Francis, DNR (Cookie)  
Date: November 23, 2015  
RE: Renewal of Licenses for 2016 Elver Season

We are in the process of preparing for the 2016 Elver season and in order to accomplish this in a timely fashion and also following council motion I am requesting some additional information.

Enclosed you will find a release of information form that you will need to complete and have notarized and returned to me by **12/31/15**(there will be no exceptions to this date as we need to have this information in a timely fashion in the event there is a need to conduct a lottery). Please note that of particular importance is that you include your **social security number and email address**. The inclusion of your social security number is a new requirement set out by the Department of Marine Resources. The email addresses will allow us to forward you information that may be important regarding your licenses and any changes to the law that might occur. **Please do not sign the form until you are in front of a notary.**

At the beginning of January if all forms have not been returned with the required information we will begin the process of conducting a lottery for those permits that will then become available to other tribal members that are interested in obtaining these permits.

Thank you for your prompt attention to this matter and good wishes in the upcoming fishing season.

Cookie



## Maine Department of Marine Resources Landings Program

The following harvester has requested that the Department of Marine Resources provide certain information to the contact named below concerning the catch information he/she reported to the Department pursuant to 12 M.R.S. §6173 and chapter 8 of the Department's rules. By signing below, the harvester waives any right to confidentiality he/she may have with respect to this information and hereby authorizes the Department to release it. This waiver is signed voluntarily. It is understood the information will be mailed or emailed to the contact and address or email listed below.

Harvester Name: \_\_\_\_\_

Social Security # \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Town/State/Zip: \_\_\_\_\_

Landings Number: \_\_\_\_\_

Contact name and address or email where information will be sent:

Yvonne Francis, PIN Dept. of Natural Resources; \_\_\_\_\_

yvonne.francis@penobscotnation.org

Harvester Signature: \_\_\_\_\_ Date \_\_\_\_\_

Notary Signature: \_\_\_\_\_ Date \_\_\_\_\_