

Application to stock fish in public waters of NSW

Applicant Details

First name:		Last name:	
Salutation:	☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other:		
Postal address:			
Suburb:		Postcode:	
Email address:			
Home telephone:		Mobile:	
Associated Fishing Club/Organisation:			

Stocking Details

Aims of stocking:	
Species to be stocked:	
Proposed number of fish:	
Name of Fish Supplier:	

Stocking Site Details

Waterway name	Site name	Nearest town	Latitude <i>e.g. -33.891878</i>	Longitude <i>e.g. 151.169737</i>

Please return completed form to:
Fisheries Management Officer
13 Short Street
Port Macquarie NSW 2444
E-mail: fish.stocking@dpi.nsw.gov.au