

# GLEN ELDER WALLEYE TAGGING SURVEY

Mark an "X" where  
you caught the fish.

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone number \_(\_\_\_\_\_)\_\_\_\_\_

Social Security Number \_\_\_\_\_

(SSN will be kept confidential and is required in order to issue a check)

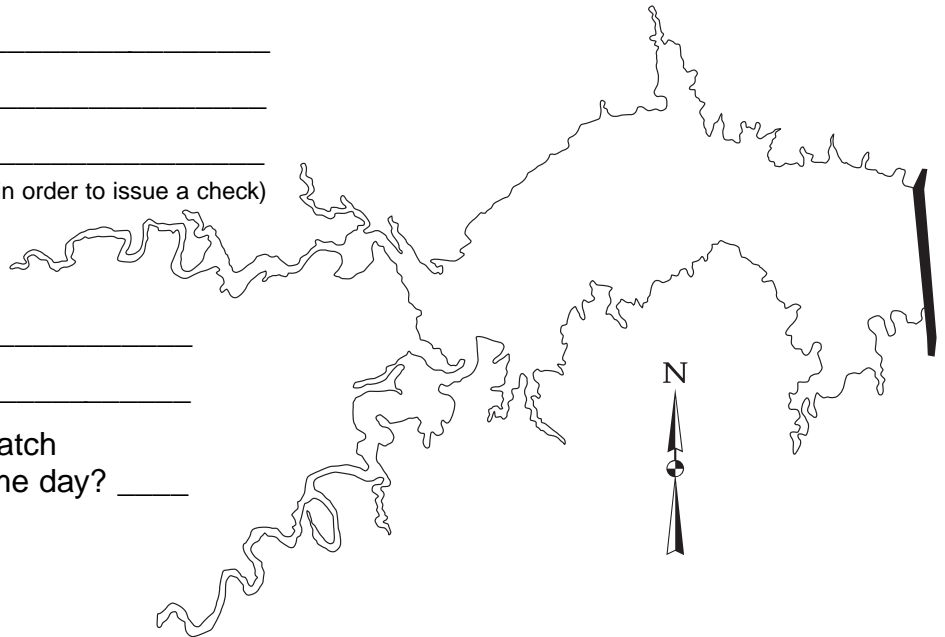
Date tagged fish was caught \_\_\_\_\_

Did you keep the tagged fish? \_\_\_\_\_

How many other walleye did you catch  
from Glen Elder Reservoir the Same day? \_\_\_\_\_

Total walleye kept this day? \_\_\_\_\_

Total hours fished this day? \_\_\_\_\_



**ATTACH TAG WITH TAPE TO SURVEY, DO NOT SCRAPE.**

**ENCLOSE SURVEY IN ENVELOPE  
AND RETURN TO:**

Research and Survey Office  
Kansas Department of Wildlife & Parks  
P.O. Box 1525  
Emporia, KS 66801-1525