

Mail Completed Form with Payment to:



Lewis County Soil & Water Conservation District
 5274 Outer Stowe Street, Suite #1
 Lowville, New York 13367
 Phone: (315) 376-6122

2023 Fish Order Form



***** IMPORTANT INFORMATION – PLEASE READ *****

- **It is YOUR responsibility to have a legal NYS DEC stocking permit!**
- Fish fingerlings are bagged with oxygen. **The hatchery charges \$1.00 per oxygenized bag on the day of pickup (CASH ONLY).** The number of bags you will need is dependent upon the size of your order and your transport time.
- Please bring something to hold the bagged fish upright and stable during transport. A pail, garbage can, box, or cooler will work well. The District is not responsible for loss of fish during transport by customer.
- **Please be on time!** If you are not available to pick up your order at the scheduled time please make arrangements for someone to do so for you. Orders not picked up will not be held and may be subject to a cancellation fee. **NO DELIVERIES! The ONLY Pick Up Location is 5960 Main St. GLENFIELD NY.**
- Price changes from year to year are due to supplier costs and sizes of fingerlings available. We try to keep our costs to you as low as possible.
- There will be a \$35 fee associated with any returned check. **Make Checks payable to: Lewis Co. SWCD**
- **IF MINIMUM ORDER TO HATCHERY IS NOT MET, ALL ORDERS WILL BE CANCELLED**

SIZE & SPECIES	QTY of 50	QTY of 100	QTY ORDERED	AMOUNT DUE
4-6" Rainbow Trout	\$ 120	\$ 235		
4-6" Brook Trout	\$ 130	\$ 255		
3-4" Large Mouth Bass	\$ 145	\$ 285		
6-8" Catfish	\$ 115	\$ 225		
Minnnows	Qty 's of 100 ONLY	\$ 20		
Would you like a Stocking Permit Application mailed to you? (circle one)	YES	NO	SUB TOTAL	
<p style="text-align: center;">Pre-Orders Only - Orders Due September 28th Pickup at 5960 Main St. Glenfield, NY Friday, October 6th 10:00 AM</p>			+ 8.0 % Sales Tax	
			TOTAL DUE WITH ORDER	

Name _____
 Address _____
 Phone _____

Amount Due With Order _____ Check Number _____
 To Pay Via Credit Card complete the following or call in your order to 315-376-6122
 Name on Credit Card _____ Expiration Date ___ / ___

Credit Card Number _____

Card Billing Zip Code _____ CCV Code _____

Cardholder Signature Required _____



X _____