

# Aerial Predator Control Report

**Start Date**      **End Date**      **Region**      **River**      **Coop Name**

1/1/2018      12/31/2018

**WDM Specialist**

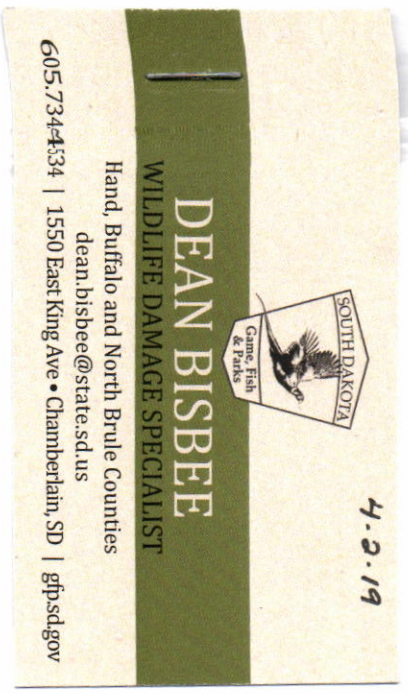
**Resolution Agency**

Wildlife Services, Permitted, Contract, Predator District

**County**

HAND,

County Name	Game Name	Primary Resolution Method	Resolution Agency	Number Taken	Number of Complaint Records
Hand	Coyote	Aerial Gunned	Wildlife Services	5	1
<b>County Subtotal:</b>				5	1
<b>Total</b>	<b>Total</b>		<b>Total:</b>	5	1



# Comprehensive Complaint Summary

**Start Date**      **End Date**      **Region**      **River**      **Coop Name**

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**WDM Specialist**

**Species**

Beavers, Coyote, Geese, White-Tailed Deer

**County**

HAND,

County	Species	Num of Complaints	Number Taken	Num of Cooperators
Hand	Beavers	5	5	5
	Coyote	10	20	10
	Geese	2	-	2
		17	25	17