

AIS Violation Report Form

Boat Landing/Location: _____

Date: _____ Time: _____ AM or PM

County: _____ Town/Village/City: _____

Vehicle License Number: _____ State Registered: _____

Boat Registration: _____ State Registered: _____

Car/Boat/Personal Watercraft Information -

Year: _____ Make: _____ Model: _____ Color: _____

Violator Information: Male or Female

Name of Boat Operator: _____

Hair: _____ Eyes: _____ Approx. Height/Weight: _____

Other Description (clothing, etc.): _____

Photo Taken of Violation: Yes or No

Description of Violation/Comments: _____

CBCW Inspector's Contact Information -

Name: _____ Phone Number: _____

Address: _____

Please check box if law enforcement may contact you for more information about the violation. You will remain confidential in this case.

Please check box if you do not want law enforcement to contact you for more information about the violation.

Local DNR Warden Contact Info:

**To report the violation,
contact your local
DNR Warden OR call
1-800-TIP-WDNR**

Local Law Enforcement Contact Info:

