

**MIRAMICHI
PEAKED MOUNTAIN LAKES
CROWN RESERVE
CREEL CENSUS**



DEAR PARTY CHIEF: At the end of your fishing trip, please complete this form for **each party member for each day fished**. If any party member did not fish on a particular day, please indicate by entering "0" in the "Number of hours fished" section on that day for that angler. When the form is complete, please mail it in the postage-paid envelope that has been provided to: **Regional Biologist, Dept. of Natural Resources and Energy Development, 80 Pleasant Street, Miramichi, N.B., E1V 1X7**. Thank you.

Party Chief: _____ Start Date: _____ No. in Party: _____
Surname First Name (yyyy / mm / dd)

UPPER PEAKED MOUNTAIN LAKE

Number of hours fished	Number of trout kept					Number of trout released				
	≤15 cm (≤6 in)	>15-25 cm (>6-10 in)	>25-30 cm (>10-12 in)	>30-40 cm (>12-16 in)	>40 cm (>16 in)	≤15 cm (≤6 in)	>15-25 cm (>6-10 in)	>25-30 cm (>10-12 in)	>30-40 cm (>12-16 in)	>40 cm (>16 in)
Angler 1										
Day 1										
Day 2										
Angler 2										
Day 1										
Day 2										
Angler 3										
Day 1										
Day 2										
Angler 4										
Day 1										
Day 2										

MIDDLE PEAKED MOUNTAIN LAKE

Number of hours fished	Number of trout kept					Number of trout released				
	≤15 cm (≤6 in)	>15-25 cm (>6-10 in)	>25-30 cm (>10-12 in)	>30-40 cm (>12-16 in)	>40 cm (>16 in)	≤15cm (≤6 in)	>15-25cm (>6-10 in)	>25-30 cm (>10-12 in)	>30-40 cm (>12-16 in)	>40 cm (>16 in)
Angler 1										
Day 1										
Day 2										
Angler 2										
Day 1										
Day 2										
Angler 3										
Day 1										
Day 2										
Angler 4										
Day 1										
Day 2										

Please refer to page 2 to complete the survey.

LOWER PEAKED MOUNTAIN LAKE

Number of hours fished	Number of trout kept					Number of trout released				
	≤15 cm (≤6 in)	>15-25 cm (>6-10 in)	>25-30 cm (>10-12 in)	>30-40 cm (>12-16 in)	>40 cm (>16 in)	≤15cm (≤6 in)	>15-25cm (>6-10 in)	>25-30 cm (>10-12 in)	>30-40 cm (>12-16 in)	>40 cm (>16 in)
Angler 1										
Day 1										
Day 2										
Angler 2										
Day 1										
Day 2										
Angler 3										
Day 1										
Day 2										
Angler 4										
Day 1										
Day 2										

Were you satisfied with your angling experience?

- | | | |
|------------------|--------------------------|--------------------------|
| | Yes | No |
| Camp / Camp site | <input type="checkbox"/> | <input type="checkbox"/> |
| Roads | <input type="checkbox"/> | <input type="checkbox"/> |
| Trails | <input type="checkbox"/> | <input type="checkbox"/> |
| Signage | <input type="checkbox"/> | <input type="checkbox"/> |

Do you have any additional comments on camp facilities, roads, trails, signage, evidence of illegal activities, etc.?
