COUNTY OF ST. PAUL

5015 49 Avenue, St. Paul, Alberta, T0A 3A4
www.county.stpaul.ab.ca

Our Mission - To create desirable rural experiences

Predator Management Incentive Program

Payment and Submission Form: 2026-2027 Winter Program

Full Name: _____ Tax Roll #: _____

Mailing Address: _____

Phone: _____ Email: _____

Registered Fur Management License: _____

Program Rules (Summary)

- Incentives apply only to eligible coyotes and wolves lawfully harvested within the County of St. Paul No. 19 boundaries during approved program periods.
- Animals must meet Program eligibility and verification requirements.
- Payment is subject to available funding and annual program targets.
- False or misleading information may result in denial of payment.

Program Period

- November 1, 2026 to March 31, 2027

Species and Quantity

Number of animals submitted: Coyote _____ Wolf _____

Harvest Location of Animals		Quantity
Legal Land Location	GPS Coordinates	

I declare that I meet the residency and eligibility requirements of the Predator Management Incentive Program and that the information provided on this form is true and accurate.

Date: _____ Signature: _____

The personal information collected through this Application Form is for the administration of the Predator Management Incentive Program. This collection is authorized under Section 4(c) of the Protection of Privacy Act (POPA). For questions about the collection of personal information, contact the County of St. Paul ATIA/POPA Coordinator at 780-645-3301.

THIS PAGE IS FOR COUNTY STAFF ONLY

Eligibility Verification

Participant residency verified: ☐ Yes ☐ No

St. Paul Fish and Game Association membership: ☐ Yes ☐ No

Animal Verification

Animal condition acceptable: ☐ Yes ☐ No

Harvest location within County boundaries confirmed: ☐ Yes ☐ No

Identification and Recordkeeping

Coyotes

Right front paw removed: ☐ Yes

Wolves

Photographic record taken and saved: ☐ Yes

Participant Limit Check

Number of coyotes previously paid to this participant (Feb-Apr 2026): _____

Number of coyotes submitted with this claim: _____

Total coyotes, including this submission: _____

Annual participant limit of 100 coyotes exceeded: ☐ Yes ☐ No

If yes, number of coyotes eligible for payment under this submission: _____

Payment Calculation

of Coyote _____ @ $20 per Coyote = $_____

# of Wolf _____ @ $250 per Wolf = $_____

Total Incentive Approved: $_____

GL # 1-2-5180-62-21-00

Program target remaining confirmed prior to authorization: ☐ Yes ☐ No

Authorized by (print name): _____ Signature: _____

☐ **Eligibility and limits verified** Date: _____

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