

**Note:** In order to fill and save this form electronically, it must be opened using Adobe Reader or Acrobat software. Save a copy of the file, open Adobe Reader, select File > Open and browse for the file you saved.

State of Wisconsin  
Department of Natural Resources  
Bureau of Natural Heritage Conservation  
Endangered Resources Review Program  
PO Box 7921, Madison WI 53707-7921  
[dnr.wi.gov/topic/ERReview/](http://dnr.wi.gov/topic/ERReview/)  
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## Broad Incidental Take Permit/Authorization for Common Activities—Closing Report Form

Form 1700-082 (R 09/20)

**Notice:** This form is authorized by s. 29.604, Wis. Stats. Personal information collected on this form will be used for administrative purposes and may be provided to requesters to the extent required by Wisconsin's Public Records law [ss. 19.31-19.39, Wis. Stats.].

**Instructions:** Complete this report if you are an individual, organization, or agency that conducts a project covered under the Broad Incidental Take Permit/Authorization (BITP/A) for Common Activities, and submit within 60 days of completion of project (reporting is required annually for forest management due to the long-term nature of activities). Please note that a project is not legally covered under this Permit/Authorization unless this report is received within the required timeframe.

### Section 1: Applicant Information

Applicant Name	Organization or Agency Name
Telephone Number	Email Address

### Section 2: Coverage Information

List the Project Name, Activity/Species, and Location of the project that was completed and covered by the BITP/A for Common Activities.

Project Name:

Activity/Species:

Location:

If mitigation was required for the project, please briefly describe the mitigation measures.

Was an Endangered Resources (ER) Review or other DNR permit requested for the project (if yes, please provide the ER Review or permit number)?

### Section 3: Certification

By my signature below, I certify that to the best of my knowledge, the information stated above is complete and accurate.

Signature

Date Signed

Applicant Name (please print)