



Department of Natural Resources

COASTAL RESOURCES DIVISION
1200 GLYNN AVENUE
BRUNSWICK, GEORGIA 31520
(912) 264-7218

Joe H. Tanner
COMMISSIONER

Robert J. Reimold
DIRECTOR

15 October 1980

Mrs. Ann C. Allen
[REDACTED]

St. Simons Island, Georgia 31522

Dear Mrs. Allen;

I wish to personally congratulate you on your outstanding catch, which has been accepted as a Georgia Saltwater Gamefish Record. Enclosed is a certificate that serves not only to recognize the size of the catch, but also the angler's skill and the sportmanship displayed in the landing of a gamefish record.

Again, congratulations on your achievement, and thank you for your participation in Georgia's Saltwater Gamefish Records Program.

Sincerely,

Robert J. Reimold

Robert J. Reimold, Ph.D.
Director, Coastal Resources Division

RJR/sod

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**GEORGIA SALTWATER GAMEFISH
RECORDS APPLICATION FORM
FOR RECORDING RECORD
GAMEFISH CATCHES**

Read all angling rules and Georgia Saltwater Gamefish Record requirements before completing and signing this application. This application must be accompanied by photographs as specified in the State record requirements.

DIVISION

Women's Men's

SPECIES

Common name: JACK CREVALLE

WEIGHT

lbs., oz.,: 30 lbs 6 ozs 13.78 kg

LENGTH (See measurements diagrams)

inches: x to x 38 xx to xx 44 1/2

GIRTH (See measurement diagrams)

inches: 24 1/2"

DATE OF CATCH: 6-14-81

PLACE OF CATCH: #1 BOUY

METHOD OF CATCH (trolling, casting, fly fishing, etc.):

TROLLING

ANGLER (print name as you wish it to appear on record

certificate: ANN ALLEN

Permanent address (include county and address code):

[REDACTED]

St. Simons Isl. GA. 31522

Angler's fishing club affiliation (if any):

GOLDEN ISLES SPORT FISHING CLUB

EQUIPMENT

Number of hooks: 1

Name of lure, fly or bait: DROPE SPOON

BOAT (if used)

Name: LEKA II

Captain's Name: Bruce ALLEN

Signature: Bruce Allen

Address: [REDACTED]

St. Simons Isl, Ga
31522

SCALES

Location: St. Simons Marina

Date last certified: 5/81

Person and/or agency that certified scales: _____

Ins. Drake Ga Dept. Ag.

Weighmaster: J. Childers

Signature: Jay R Childers

Address: _____

St. Simons Is. Ga. 31522

WITNESSES

Witness to weighing (other than angler, captain or weigh-

master): William O. Tickers

ADDITIONAL COMMENTS: (fighting time, equipment used, additional witnesses, etc.) _____

15 MIN - 30# test

AFFIDAVIT

I, the undersigned, hereby take oath and attest that the fish described in this application was hooked, fought, and brought to gaff by me without assistance from anyone, except as specifically provided in the regulations; and that it was caught in accordance with Georgia Saltwater Gamefish Records angling rules. I further declare that all information in this application is true and correct to the best of my knowledge.

Signature of angler: Ann Allen

Date: June 14, 19 81

When completely filled out and signed, mail this application with photos by quickest means to:

Saltwater Gamefish Records
Coastal Resources Division
Georgia Department of Natural Resources
1200 Glynn Avenue
Brunswick, Georgia 31523
Phone (912) 264-7330 or 264-7218

