

AIS Violation Report Form

BoatLanding/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.

Regional Water Guard Contact Info:

**To report the violation,
contact your area Water
Guard or DNR Warden
OR call 1-800-TIP-WDNR**

Local DNR Warden Contact Info:

