

MONTHLY RETURN OF MUSSELS

Boat Name: _____

Port: _____ Month: _____

Reg No: _____



Llywodraeth Cymru
Welsh Government

Completed Forms should be returned to the address below

Day	Method of Gathering		Quantity of Mussels taken *		Fishing Area		Duration of fishing		Destination of Mussels
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
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23									
24									
25									
26									
27									
28									
29									
30									
31									
Totals:									

Welsh Government Fisheries Unit, Marine and Fisheries Division, Welsh Government, Stena House, Station Approach, Holyhead, Anglesey LL65 1DX,
or emailed to holyheadmailbox@gov.wales

* Weight in kilos

Signature: _____

The Marine & Fisheries Division must receive this form by the 7th calendar day of the period following for which returns are due. NIL returns must also be submitted.



BUDDSODDWR MEWN POBL
INVESTOR IN PEOPLE