



**WILTON SIMPSON
COMMISSIONER**

Florida Department of Agriculture and Consumer Services
Division of Agricultural Environmental Services

**NOTIFICATION OF CLAIM FOR DAMAGES
FROM PESTICIDE APPLICATION**

Section 487.159, F.S. and Rule 5E-2.041, F.A.C.

Telephone Number (850) 617-7850

Respond to:
Bureau of Compliance Monitoring
3125 Conner Blvd., Bldg. 8
Tallahassee, FL 32399-1650

This form should be submitted within 48 hours after damage or injury from pesticide application becomes apparent or as soon thereafter as possible.

Complainant Name: _____

Address: _____

Phone Number(s): _____

Pesticide Applicator Name: _____

Address: _____

Phone Number(s): _____

Land Owner/Lessee Name: _____

Business/Firm Name: _____

Address: _____

Phone Number(s): _____

Date on which alleged injury or damages were noticed: _____

Description of injury or damages: _____

Description of the alleged incident causing damage or injury to property, animal, or human beings from application of a pesticide: _____

Signature: _____

Date