



ADAM H. PUTNAM  
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