



Washington
State Department of
Agriculture

Agriculture Environmental Services - Pesticide Compliance
PO Box 42560
Olympia, WA 98504-2560
1-877-301-4555
pcompliance@agr.wa.gov

Report of Loss ([RCW 17.21.190](#))

For use by any person suffering property loss or damage resulting from the use or application by others of any pesticide. Please complete this form and return to Pesticide Compliance at the mailing address or email listed above.

Contact Information of person filing the report			
Name	Phone Number	Email	
Address	City	State	Zip Code
Responsible Party (who caused the damage?)			
Name	Phone Number	Email	
Address	City	State	Zip Code
Detailed Description of Loss (Use additional paper or add attachments as needed.)			
Provide a detailed description of the type / kind of property alleged to be injured or damaged.			
When did you first observe the damage? (Date and time)			
What is the preliminary estimate (dollars) of the amount of damage sustained.			
Owner Contact Information - If applicable, provide the contact information for the owner or occupant of the property for whom the pesticide application was made.			
Name	Phone Number	Email	
Address	City	State	Zip Code
Additional Contacts			
Provide names and contact information for any other parties involved and state how they were involved.			
Certification			
<i>The information I have provided is, to the best of my knowledge, true and correct. All information provided may be used for appropriate enforcement and educational activities by the Washington State Department of Agriculture.</i>			
Signature _____		Date _____	
Print Name _____			