

Protect. Promote. Prosper.

DEPREDATION APPLICATION

| Claimant information – livestock/working dog owner completing this form | | | | | | | | | | |
|---|--|---------------|---------------|-------------------|------------------|---|--|--|--|--|
| Name: | | | | | | | | | | |
| Mailing Address | S: | | | | | | | | | |
| | | | | | | | | | | |
| City: | | | | ZI | P: | | | | | |
| Home Phone No | n· | | | C | Cell Phone No: | | | | | |
| Email: | <u>. </u> | | | | Cell i fione No. | | | | | |
| | | | | | | | | | | |
| Certification and Signature | | | | | | | | | | |
| By signing below | w, I certify th | at: | Certi | ilcation and Sig | ilatul C | | | | | |
| | 1. I am the claimant, or I represent the claimant listed on this document. | | | | | | | | | |
| | 2. All information provided in the application is true and accurate to the best of my ability. | | | | | | | | | |
| | | | | | | | | | | |
| | ial Assistance | e Grant Progr | am. I am in | full compliance w | ith the progra | am's requirements specified in OAR 603- | | | | |
| 019. | | | | | | | | | | |
| Applicant sign | ature: | | | Date: | | | | | | |
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| | T | | | on below for OI | | | | | | |
| Date | Quantity | Species | Age | Ave. Weight | Killed/Inju | red Est. Fair Market Value | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Total amount o | f direct loss | compensatio | n heing real | lested: | | \$ | | | | |
| Total amount o | an cet 1033 | compensatio | in being requ | icsted. | | 3 | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| = | Are any of the above losses covered by insurance? | | | | | | | | | |
| Yes (If yes, provide the insurance information below.) | | | | | | | | | | |
| □ No | | | | | | | | | | |
| Insurance Company | | | Policy No. | | | Anticipated Settlement | | | | |
| | | | . 55, 115. | | | | | | | |
| | | | | | | | | | | |

| ODFW Investigation Reports | | | | | | |
|--|---|--|--|--|--|--|
| Date reported to ODFW | Name of ODFW investigator | | | | | |
| Brief description of loss | | | | | | |
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| Describe method used to determine value (provide documer | tation if applicable) | | | | | |
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| Is there a current ODFW Wolf-Conflict Deterrence Plan in effe | ct at the location of your loss? | | | | | |
| ☐ Yes | | | | | | |
| □ No □ Unknown | | | | | | |
| | | | | | | |
| Check each of the non-lethal wolf deterrent techniques that wincident and give a brief description of activities and frequence | | | | | | |
| | | | | | | |
| ☐ Reducing attractants (remove of bone piles, carcass dis☐ Barriers (flady and fencing) | sposal) | | | | | |
| ☐ Human presence (range riders, hazers, herders, individ | ual response) | | | | | |
| ☐ Guardian animals (protection dogs, etc.)☐ Alarm or scare devices (alarm systems, lights and soun | d devices) | | | | | |
| | pastures, night feeding, changes in calving season and herd | | | | | |
| structure, etc.) | nan eta l | | | | | |
| ☐ Experimental practices (bio-fencing, belling cattle, airn☐ Other | ian, etc.) | | | | | |
| District description of the Late Late Late | | | | | | |
| Brief description of non-lethal wolf deterrence | | | | | | |

| Depredation Property Description | | | | | | | | |
|--|---------------------|----------------------------------|---------|--|--|--|--|--|
| County | Total grazing acrea | | ge | | | | | |
| Township | Range | | Section | | | | | |
| Is the location designated as an Area of Kn Yes (If yes, attach <u>a current AKWA ma</u> No | | | | | | | | |
| Is the claimant the owner of the property Yes No (If leased, rented, or publicly owner) | | | | | | | | |
| Property owner/manager name | | Property owner/manager phone no. | | | | | | |