

Oregon Department of Agriculture
CROP LOSS REPORT

GROWER INFORMATION

Grower Name:	Business Name <i>(if applicable)</i> :	Registration #: <div style="text-align: right;">-IHG</div>	
Mailing Address:	City:	State:	Zip:
Phone:	Email:		

GROW SITE INFORMATION

Grow Site Name or Field ID:	Production Area Name <i>(if applicable)</i> :	County:
Physical Address:	City:	Zip:
GPS Coordinates:	Longitude:	Size: _____ Acres
Latitude:		_____ Square Feet

Written Description: Indicate the cause of the crop loss if known (i.e. theft, mold, aphids). Indicate whether hemp crop loss was partial or total. If partial crop loss, describe area or extent of partial loss. Be specific and clear about any harvestable portion.

Visual Depiction: Provide a map oriented north (may be hand drawn), depicting the grow site showing at least one prominent feature (road, building, etc.). Please outline and label all production areas, including areas that were harvested.

DISPOSAL METHOD:

I _____ hereby acknowledge that hemp grown at the registered
(print name)

production area listed was lost by the factors mentioned above. Therefore, I verify that the hemp grown at this
production area has been rendered unusable and not sold or transferred.

Signature : _____ Date: _____