

Scott L. Harra, Director
Department of Administrative Services
155 Cottage St. NE, U20
Salem 97301-3972

Notice of Tort Claim

1. Claimant or representative: _____

2. Statement that a claim for damages will be asserted against a named state agency, officer, employee, or agent: By filing this Notice of Tort Claim, I reserve my right to file a claim for damages against the **Oregon Department of Agriculture**.

3. Date(s) and time(s) of non-consensual exposure(s) to pesticides and other chemicals in Gypsy Moth spray as far as known: _____

4. How were you harmed (illness; lost work; other family members sick; pets sick; contamination of your property, contamination of yard, house, garden, car, outdoor furniture, etc.; human rights violated; property rights violated; other losses):

5. Name of Claimant: _____

Mailing Address: _____

Signed: _____

Dated: _____