

Do you have Crop Damage? Initial Investigation Contact Form

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Call 306-961-0001 C.

INITIAL INFORMATION

Date _____

Your Name _____ Phone _____

Company Bill to: _____ Policy or Reference #: _____

Address _____

Email: _____

Insured Name _____ Phone _____

Address _____

___ Landowner ___ Producer ___ Renter ___ Applicator ___ Other _____

Damaged Party Name _____ Phone _____

Address _____

___ Landowner ___ Producer ___ Renter ___ Applicator ___ Other _____

When problem was first noticed Date _____

Crop Damaged ___ Canola ___ Wheat ___ Barley ___ Peas ___ Other _____

Crop Variety _____ Herbicide Tolerance Type ___ RR ___ LL ___ CF

Damage by ___ Drift ___ Residue ___ Improper Application ___ Other

Estimated Acres _____ **Description of problem** _____

Legal Land Location of problem _____ Sec _____ Twp _____ Rge _____ W of _____

If applicable, Legal Land Location of Origin _____ Sec _____ Twp _____ Rge _____ W of _____

Other Parties involved _____

Other Documents Attached : # of pages _____

Please start an investigation file. _____

Signature

Date.....