PLEASE PRINT INFORMATION CLEARLY:

Complainant Information: - Mailing Today's Date: 09-JUL 20

Name: LOUIS NELMS

Address: [redacted]

City, State, Zip: [redacted]

County: [redacted]

Home Telephone Number: [redacted] Work:

Cellular Telephone Number: [redacted] Email: [redacted]

Complaint Information:

Location of Damage - address/county: HOME PROPERTY - SAME AS MAIL ADDRESS

Date of Incident: UNKNOWN Time: Date Noticed Damage: JUNE 20 Time:

Applicator type involved (check one): ☐ Commercial Company; ☐ Farmer; ☐ Homeowner; ☐ Other

Name of applicator (if known):

Company Name (if known):

Address:

Telephone Number: County:

Method of application (please check): ☐ Ground or ☐ Aerial; ☐ Liquid spray or ☐ Granular

Weather information:

Chemical involved (if known): DICAMBA

Specific nature of the complaint:

VOLATILE DICAMBA HERBICIDE INCIDENT(S) HAVE CAUSED LEAF DEFORMATION ON SEVERAL SPECIES SENSITIVE TO DICAMBA INCLUDING: NON-DICAMBA SOYBEANS, SYCAMORE TREE, CUPPLANT, ROSINWEED, AND SWEET-BLACK-EYED SUSAN. PLEASE SEE ATTACHED PDF DOCUMENT THAT INCLUDES WEATHER INFO, PHOTO DOCUMENTATION AND DISCUSSION.

(If more space is needed, attach a separate sheet to this form)

Signature: [redacted]

Date: 09-JUL 20

Witness Information (other than complainant):

Name: Telephone number:

Address:

IMPORTANT NOTICE: This State Agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under the 415 ILCS 60/1 through 28. Failure to provide this information shall prevent this form form being processed. This form has been approved by the State Forms Management Center IL-406-1280 (1-94)