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l,	, have been advised that this statement is for the
express purpose of providing information	n necessary for the complete investigation of a pesticide
related incident. Knowing this, I make th	
I declare under penalty of p	perjury that the foregoing is true and correct.
AFFIANT'S SIGNATURE	PRINTED NAME AND TITLE
ADDRESS	DATE
	he State of California or the indicated County, on this he statement made by the person named above.
OFFICER'S SIGNATURE	PRINTED NAME AND TITLE
ACCUMENT OF PROTEING OFFICE	
COUNTY OR DISTRICT OFFICE	DATE