

IDAHO WOLF DEPREDATION COMPENSATION PROGRAM
Claim for 2012 NON-LETHAL PROACTIVE DETERRENDS
Idaho Governor's Office of Species Conservation

Name of Livestock Owner: _____

Address: _____

Phone Number: _____

Email Address (if available): _____

Classification of livestock: _____

Name of Allotment: _____ Ranger District or BLM Office _____

Please characterize non-lethal deterrent activities that were implemented on your grazing allotment or private land during the 2012 grazing season: _____

PLEASE INCLUDE THE FOLLOWING INFORMATION WITH THIS CLAIM FORM.
FAILURE TO DO SO COULD RESULT IN A DELAY OF PAYMENT OR YOUR CLAIM NOT
BEING CONSIDERED:

1. Documentation of non-lethal deterrents implemented (ie: sales receipts, invoices, photos etc.)
2. Documentation of in-kind matching contributions (see in-kind contribution forms and program description).
3. IRS W-9 form.

PLEASE SUBMIT CLAIM FORM AND DOCUMENTATION BY DECEMBER 3rd 2012 TO:

ID Governor's Office of Species Conservation
Attn: Ashley Liggett
304 N. 8th St., Suite 149
Boise, ID 83702

208-334-2189
208-334-2172 (fax)
ashley.liggett@osc.idaho.gov

I hereby acknowledge the information contained in the submitted claim form and supporting documentation is true and correct. The Idaho Governor's Office of Species Conservation reserves the right, in coordination with USDA Wildlife Services to verify the undersigned's claimed losses based on the Idaho Wolf Depredation Compensation Board's recommendation. Should this verification reveal intentional falsehood on the part of the claimant, the undersigned will be legally obligated to return all received funds as well as the costs of the verification.

Signature of Claimant

Date

Verified Losses