

Estancia Valley Solid Waste Authority
LIVESTOCK LOSS CLAIM

Name _____

Mailing Address: _____

Phone: (Day) _____ (Evening) _____

Initial the following when completed:

_____ I have received a copy of the EVSWA Livestock Damage Policy

_____ Notification made to EVSWA management on (date): _____

_____ Necropsy attached

Reason why EVSWA should be accountable for death or injury: _____

Location of animal when injured/killed: _____

Description of animal injured/killed, including breed, age and weight: _____

Market value of animal: \$ _____ based on _____

Claimant Signature: _____ Date _____

FOR OFFICIAL USE ONLY

Date claim received at EVSWA: _____

By: _____

EVSWA Representative