

Union County
Wolf Depredation Compensation & Financial Assistance Program
Application for Funding

Applications are due by November 1

Applicant Information (Please print or type)

Name _____
Address _____
City _____ State _____ ZIP _____
Telephone _____ E-Mail _____

Request for Compensation for Injury to Livestock or Working Dogs
(Please utilize a separate application for each injured animal)

Date of Incident: _____

Location: _____

Animal Injured: Species _____ Breed _____ Age _____

Injury Description: _____

Cost of Treatment: _____

Result of Treatment: Recovered & Sold _____ Death _____

Price Received if Sold: _____

Value Received for comparable uninjured animal _____
(attach documentation on treatment costs, sale, and comparable value)

Date Injury was confirmed by ODFW to be wolf caused _____
(attach copy of ODFW report)

Was compensation received for loss from another source? Yes _____ No _____

If yes, please list source and amount received: _____

Request for Compensation for Death of Livestock or Working Dogs
(Please utilize a separate application for each death)

Date of Incident: _____

Location: _____

Deceased Animal: Species _____ Breed _____ Age _____

Anticipated Date of Sale of Deceased Animal _____

Anticipated Age of Animal at Time of Sale _____

Value Received for comparable animal _____
(attach documentation on comparable value)

Date death was confirmed by ODFW to be wolf caused _____
(attach copy of ODFW report)

Was compensation received for loss from another source? Yes _____ No _____

If yes, please list source and amount received: _____

Request for Compensation for Missing Livestock or Working Dogs

(Please utilize a separate application for each missing animal)

Date of Disappearance: _____

Location: _____

Missing Animal: Species_____ Breed_____ Age_____

Anticipated Date of Sale of Missing Animal_____

Anticipated Age of Animal at Time of Sale_____

Value Received for comparable animal_____

(attach documentation on comparable value)

Date Area was designated as area of known wolf activity by ODFW:_____

(attach copy of ODFW report)

Date wolf deterrent management practices were implemented:_____

Description of deterrent techniques implemented:_____

Was compensation received for loss from another source? Yes_____ No_____

If yes, please list source and amount received:_____

Request for Compensation for Cost of Livestock Management Techniques or Nonlethal Wolf Deterrence Techniques

Type of livestock produced: _____

Location of Deterrent Activities: _____

Description of Deterrent Activities: _____

Cost of Deterrent Activities: _____

(please attach cost verification documentation)

Was compensation received from another source? Yes _____ No _____

If yes, please list source and amount received: _____



APPLICANT CERTIFICATION:

I certify that the information provided in this application is true and accurate to the best of my knowledge.

Applicant Signature

Date

Submit completed application and attachments to:

**Union County Administrative Office
1106 K Avenue
La Grande, OR 97850
(541) 963-1001**