Symptoms or Illness Potentially Related to
Aerial Chemical Spraying of Coastal California, 2007-2010

Please send form to – ReactionToSpraying@Yahoo.com or P.O. Box 1612, Pebble Beach, Ca, 93953

Name _______________________________ (__) Keep Name Anonymous (Blacked out in public copies)
Contact Info ______________________________ (__) Keep Contact info Anonymous in public copies
Age ________ Gender ____ (Male/Female) (__) Keep Personal info Anonymous in public copies

Symptoms and Duration of Each Symptom – (example “tingling on skin - Thursday at 11:am”)

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Date & Time symptoms began __________________________________________________________

Geographic Location where you first experienced symptoms ________________________________

Any Previous General Health Problems (such as asthma, weak immune system)

Were you aware of spraying before symptoms began? ______ (Yes/No)

Did you Hear Planes Flying Overhead __ (Yes/No)

Any other relevant information (you may attach additional pages -- ___________________________

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I declare under penalty of perjury under the laws of the state of California the foregoing is true and correct. Signed ____________________________

Executed this ___ day of ____________ 20__ at (example: Carmel) ______________, California.