

STATE OF CALIFORNIA
PESTICIDE ILLNESS INVESTIGATION
REQUEST FOR TIME EXTENSION

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DEPARTMENT OF PESTICIDE REGULATION
 ENFORCEMENT BRANCH
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COUNTY	ENFORCEMENT BRANCH LIAISON
PRIORITY NUMBER	REGIONAL OFFICE
WH&S CASE NUMBER	DATE OPENED
CASE NAME	DATE RECEIVED

Justification for extension:

- The injured person is unavailable for an extended period of time, but is expected to be available for an interview at a later date.
Approximate date of availability is: _____
- Samples have been sent to an analytical laboratory which is unable to return the results for an extended period of time.
Approximate date of availability is: _____
- There is a delay in obtaining medical records or coroner reports.
Approximate date of availability is: _____
- Other. Explain. _____

Expected Completion Date: _____

Requester's Signature		Date Requested	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Request Approved/ Denied by	Date Approved/Denied	