

PLANT IDENTIFICATION FORM

Submitter Information:

Name: _____

E-mail: _____ Tel# _____

Collection Information:

Date Collected: _____

Location (City, County etc.) _____

Surrounding Habitat* (wetland, residential, etc.) _____

Collector (homeowner, employee etc.) _____

Information Requested (circle all that apply):

Control Information

Identification

Problem Potential

Other: _____

DIAGNOSIS (office use only)

DATE:

Order _____ Family _____

Species _____ Common _____