

INVASIVE SPECIES INVENTORY FIELD REPORT FORM

Observation Date: _____

Name: _____ Association: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: () _____ Email: _____

Species Information - Name & Location

Common Name: _____, Scientific (if known): _____

Locality Name (lake or twosp): _____ County: _____

Site address (if any): _____ City: _____ Zip: _____

Property Ownership (i.e. Private, county, state, federal, etc.): _____

Provide one or more of the following location methods below:

PLS: $\frac{1}{4}$ $\frac{1}{4}$ Sec _____ $\frac{1}{4}$ Sec _____ Sec _____ Twp _____ Range _____

GPS: X Coordinate (Lat./Easting) _____

Y Coordinate (Long./Northing): _____

Number of individuals observed (Check one): < 20 20 – 99 100 – 999 >1000

Size of infested area (acres): < 1 1 – 5 5 – 10 10 - 50 > 50

Diagram: Show roads, nearest intersection, distances, compass direction and rough outline of invasive species population.

Verbal directions (if PLS/GPS information unavailable): _____

Mail form to:

Invasive Species Unit, Room 226
Minnesota Department of Agriculture
90 West Plato Boulevard
St. Paul, MN 55107-2094
"Arrest the Pest" Hotline: 1-888-545-6684