

INVASIVE SPECIES INVENTORY FIELD REPORT FORM

Observation Date: _____

Name: _____ Association: _____

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

Phone: _____ Email: _____

Species Information - Name and Locations

Common Name: _____ Scientific (if known): _____

Locality Name (lake or twnshp): _____ 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: ¼ ¼ Sec _____ ¼ Sec _____ Sec _____ Twp _____ Range _____

GPS: X Coordinate (Lat./Easting): _____

Y Coordinate (Long./Northing): _____

Number of individuals observed (Check one): < 10 10 - 99 100 - 999 > 1000

Distribution of infestation: occurs singly scattered pockets continuous/extensive

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

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

(Attached diagram if filling out form digitally.)

Verbal directions (if PLS/GPS information unavailable):

Mail form to: Minnesota Department of Natural Resources
Division of Forestry
Attn: Invasive Species Specialist
500 Lafayette Rd
St. Paul, MN 55155-4025

Email to: susan.burks@state.mn.us