



VT/NH Tree Locator Form



www.acf.org

Purpose: This form is to help TACF® record, map, and analyze chestnut trees across their native range. This form should be printed and filled out with as much information as available and submitted with a leaf and twig sample to the office listed below. An analysis of the macro and microscopic characteristics will be completed by a TACF identification expert and the results will be sent to the submitter.

Leaf and Twig Sample: Please cut approximately 6-12" of twig and attached mature leaves that have been growing in the full sun. Press sample flat between sheets of cardboard and place in an envelope. You may want to use a single paper towel between the sample and cardboard to cushion and absorb moisture. Do wrap in plastic, as samples will mold in the mail.

We appreciate your participation!

Location:

County: _____ Town: _____ State: _____

Latitude (N): _____ Longitude (W): _____

Location information is crucial. The closer you can get us to a tree with your directions, the better. Lat/Long measures are the best way to give us good location info. A great program to use for obtaining location information is Google Earth (<http://earth.google.com/>). If you can't obtain Lat/Long measurements, then please attach a map and/or directions to the tree from the nearest road.

Tree Information:

Diameter (inches @ 4.5ft): _____ Height (feet): _____

Isolated Tree Clump of Trees (number): _____

Clear-cut w/ many _____ (~acres)

Burs: None Few Many Unknown

Catkins: Present Absent Unknown

Surroundings:

Full Sunlight Partial Shade Full cover

Sunken Canker(s)

Swollen Canker(s)

Blight: Not Visible Visible

Could we reach the tree with a large truck? Yes No

Comments _____

Owner of Property Information

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Are there restrictions to viewing the tree? Yes No

Is permission of the owner suggested before viewing? Yes No

Form Submitted By:

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Please submit samples to:

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