

Tree Locator Form (PA&NJ)



**Purpose.** This form helps TACF record, map, and analyze chestnut trees. This form should be filled out with as much information as available and submitted with a leaf and twig sample to the office listed below. An analysis of characteristics and leaf microscopics will be completed by a TACF identification expert and the results will be sent to the submitter.

**Leaf and Twig Sample.** Cut a mature leaf that has been growing in the full sun and a twig with some leaf buds and place them in an envelope. Do not use plastic due to the molding effect. Wrap the samples in a single paper towel to cushion in the mail. **We appreciate your participation!**

**SUBMIT SAMPLE TO:**

**Dave Armstrong**  
691 Pumping Station Road  
Hanover, PA 17331

**Questions? Contact PA-TACF**  
phone: 814-863- 7192  
e-mail: [mail@patacf.org](mailto:mail@patacf.org)

For more information, please visit:  
<http://www.patacf.org>

**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): \_\_\_\_\_

Cleacut w/ many \_\_\_\_\_ (~acres)

Burs :  None  Few  Many  Unknown

Catkins :  Present  Absent  Unknown

Surroundings:  Full Sunlight  Partial Shade  Full cover

Blight:  Not Visible   Sunken Canker(s)

Visible  
 Swollen Canker(s)

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

Comments \_\_\_\_\_

Are there restrictions to viewing the tree?  Yes  No  
Is permission of the owner suggested before viewing?  Yes  No

**Owner of Property Information**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Form Submitted By:**

Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Analysis Information**

**Checker:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Classification:**  American  
 Other  Hybrid

**Grade:** \_\_\_\_\_ **Type:** \_\_\_\_\_

**Species:** \_\_\_\_\_

**Notes:**