



THE
AMERICAN
CHESTNUT
FOUNDATION®

Tree Locator Form

Location:

County: _____

Town: _____ State: _____

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

Purpose: This form is to help TACF® record, map, and analyze chestnut trees across their native range.

Result: An analysis of the macro and microscopic characteristics of the leaf and twig sample will be completed by a TACF identification expert and the results will be sent to the submitter in **4-8 weeks**.

LEAF and TWIG SAMPLE

- 6-12" of twig and **attached, mature, green** leaves growing in the full sun.
- Press sample **flat** between sheets of cardboard and place in an envelope.
- Use a single paper towel between the sample and cardboard to cushion and absorb moisture.
- Do **not** wrap in plastic, as samples will mold in the mail.
- Do **not** ship overnight. It's not necessary and we won't ID your sample right away.

Location information is crucial. The closer you can get us to a tree with your directions, the better. Lat/Long measures are the best.

- You may obtain location information from **Google Maps** (<http://maps.google.com>). Right-click and select "What's here".
- 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:

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

HOW MANY: Isolated Tree Clump of Trees (number): _____

Clear-cut w/ many sprouts/trees _____ (~acres)

NUTS: Burs: None Few Many Unknown

CATKINS: Present Absent Unknown

SURROUNDINGS: Full Sun Partial Shade Full shade

BLIGHT: Not Visible Visible Sunken Canker
 Swollen Canker

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: _____

Submission address - please choose the office closest to the tree located.

Ben Jarrett, TACF, 50 N. Merrimon Ave, Suite 115, Asheville, NC 28804

Tom Saielli, TACF, 900 Natural Resources Drive, Charlottesville, VA 22903

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