

# CT Tree Locator Form



THE  
AMERICAN  
CHESTNUT  
FOUNDATION®

## 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

Blight:  Not Visible  Visible  Sunken Canker(s)

Swollen Canker(s)

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

Comments: \_\_\_\_\_

**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!**

For more information, please visit: <http://ctacf.org/page.cfm/Pollination>

Questions?  
Contact Kendra: 802-999-8706 or  
e-mail: [kendra@acf.org](mailto:kendra@acf.org)

## 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:

Kendra Gurney, TACF New England Regional Science Coordinator, USFS Northern Research Station, 705 Spear St, South Burlington, VT 05403