<b>Purpose:</b> This form is to help
TACF <sup>®</sup> 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 <u>not</u> wrap in plastic, as samples will mold in the mail.
- Do <u>not</u> ship overnight. It's not necessary and we won't ID your sample right away.

# Tree Locator Form

Location:

County: \_\_\_\_\_

Town: \_\_\_\_\_\_ State: \_\_\_\_\_

Stat

THE AMERICAN

CHESTNUT

FOUNDATION®

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.

- 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):		Heig	ght (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	Unkı	nown	
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:					
City:						
E-mail:	Are there restrictions to viewing the tree? Is permission of the owner suggested before viewing?	Yes Yes	No   No			
Form Submitted By:						
Name:	Date:					
Address:						
City:	State: Zip:					
Phone:	E-mail:		_			
Submission address - please	choose the office closest to the tree located.			-		

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