

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** 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.



Learn more about our Partner TreeSnap at TreeSnap.org

Tree Locator Form



THE AMERICAN CHESTNUT FOUNDATION®

Location:

County: _____

Town: _____ State: _____

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

TreeSnap Submission ID (Optional): _____

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: _____

Form Submitted By:

Are there restrictions to viewing the tree? [] Yes [] No

Is permission of the owner suggested before viewing? [] Yes [] No

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

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

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

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