

Form 1: Purple Loosestrife Biocontrol Monitoring - Site Location

Site Name: _____ State: _____ GPS: N _____ ° _____ ,

Town: _____ County: _____ W _____ ° _____ ,

Date: _____
 year *month* *day*

CONTACT PERSON:

Name: _____

Address: _____

City: _____

State: _____

Phone: _____ - _____ - _____

e-mail: _____

LEGAL LANDOWNER:

Name: _____

Address: _____

City: _____

State: _____

Phone: _____ - _____ - _____

e-mail: _____

SITE CHARACTERISTICS:

Habitat type: ___River ___Wetland ___Lake ___Meadow ___Irrigation Ditch ___Other

Road Map to Site

Site and Vegetation Map

INSECT RELEASE HISTORY:

Date (year-month-day)	Species	Number and Stage (egg/larvae/adult)	Position of Release On Map (1,2,3,4...)
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