CWMA Weed Spotter
Tracking Form

NAME		DATE OF SIGHTING

ADDRESS		

CITY	STATE	ZIP

HOME PHONE	OTHER PHONE

NAME OF WEED

SOURCE OF IDENTIFICATION (Include name of book, website, etc. Include name of person making the ID if other than the Weed Watcher submitting this form.)

PROPERTY ADDRESS (If known)	NEAREST CITY

OWNER OF PROPERTY	☐ Private ☐ State ☐ City ☐ Federal ☐ County ☐ Other	NUMBER OF PLANTS FOUND ☐ 1-10 ☐ 11-100 ☐ 100+

WAS A SAMPLE COLLECTED?	WAS A SAMPLE SENT TO A HERBARIUM?	DID YOU PHOTOGRAPH?
☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO

LOCATION WEED WAS FOUND: (Give a detailed account. Include nearest city, type of plant community, facing slope info, etc.)

MAP INSTRUCTIONS	MAP OF LOCATION:
Include: cross-streets geographical features and landmarks, buildings, roads, etc. Include distances Remember that your map needs to be detailed enough so that someone else could go directly to the location.	↑ North 1 inch = _____feet

Submit Form To: Jefferson County
Weed and Pest Management Specialist
700 Jefferson County Parkway, Ste. 100
Golden, CO 80401
Fax 303-271-5997

CWMA Colorado Weed Management Association