



Cornell University
Cooperative Extension
Rockland County

10 Patriot Hills Drive
 Stony Point, NY 10980
 Phone: (845) 429 - 7085
 Fax: (845) 429 - 8667
 www.rocklandcce.org

Insect Identification \$7.00

(For Ticks, Please Use Tick Identification Form)

The quality of your specimen is critical for receiving accurate information. Old, broken specimens are difficult, and sometimes impossible to identify. **Do not use** tape or sticky materials; these will damage your specimen. Be sure to use a clean, tightly closed, crush-proof container. Sealed ziplock bags inside a box, padded or bubble-wrap envelope are acceptable. **Live insects cannot be mailed.** Please submit **at least five intact** specimens.

Please Print

Name _____
 Address _____
 City/State/Zip _____
 Phone _____

Date Received _____
Date Finished _____
Called _____
Sent F.S. <input type="checkbox"/>

Date Collected _____

Where found

Indoors	<input type="checkbox"/> Kitchen <input type="checkbox"/> Bath <input type="checkbox"/> Bedroom	<input type="checkbox"/> Attic <input type="checkbox"/> Basement <input type="checkbox"/> Deck	<input type="checkbox"/> Food <input type="checkbox"/> Clothing <input type="checkbox"/> Books	<input type="checkbox"/> Pet Other _____	Moisture Nearby? <input type="checkbox"/> Yes <input type="checkbox"/> No
Outdoors	<input type="checkbox"/> Structure <input type="checkbox"/> Soil	<input type="checkbox"/> Lawn <input type="checkbox"/> Vegetable Garden	Other _____		
	<input type="checkbox"/> Plant	Plant Type _____			
Plant Parts Affected	<input type="checkbox"/> Twigs/Branches <input type="checkbox"/> Stems/Trunk	<input type="checkbox"/> Leaves/Needles <input type="checkbox"/> Buds	<input type="checkbox"/> Flowers <input type="checkbox"/> Fruit	<input type="checkbox"/> Roots <input type="checkbox"/> Root Flare	

Comments _____

Office Use Only: