University of Idaho Plant/Weed Identification Request Form

http://www.cals.uidaho.edu/weeds2

Erickson Weed Diagnostic Laboratory
PSES Dept., University of Idaho, 875 Perimeter Drive MS 2339
Moscow, Idaho 83844-2339

Date:
Phone: 208-885-7831
Fax: 208-885-7760

Submitter's Name:		**Client's Name:**	
Business:		Business:	
Address:		Address:	
City/State/Zip:		City/State/Zip:	
County:	Phone:	County:	Phone:
Fax:	E-Mail:	Fax:	E-Mail:

Required data for Plant Identification

Weed location (GPS or from county map): Latitude: _____ Longitude: _____or
Quarter-Section: _____ Section: _____ Range: _____ Township:

Approximate directions to or description of the location:

Web source for Latitude/Longitude data (www.googleearth.com). Do address search then click on Available Image (topo map) click on INFO button, Lat/Long will appear on map.

In what situation were the plants found

☐ Turf/Lawn	☐ Vegetable garden	☐ Flower bed	☐ Orchard
☐			