CHAMPION TREE NOMINATION FORM

(ALL BLANKS MUST BE FULLY COMPLETED TO BE ACCEPTED)

Species:	Parish:
Circumference:	Scientific
Height:	Name:
Average Limb Spread:	
Location of Tree (Legal Descript	ion, including parish):
	ncluding GPS coordinates if available):
	Phone:
Owner's Address:	
Owner's Email:	
	Phone:
Reporter's Address (Include Comp	pany Name):
	Is Reporter a Forester?
Reporter's Signature:	Date Reported:
Is Tree Accessible?	Is Path or Site Improvement Needed?
	? .»»»»»»»»»»»»»»»»»»»»»»»»»»»»»»»»
Inspecting Forester's Name:	Inspection Date:
Inspecting Forester's Remarks:	
	Phone:
Inspecting Forester's Email:	
	LFA OFFICE USE
Date Received:	Date Certified:
Contacts made:	Chairman's Signature: