

Rare Species Survey

State of Tennessee
Department of Environment and Conservation
Natural Heritage Program

Species Name: _____
Species Type: Flora Fauna Survey Date: _____ County Name: _____
Quadname: _____ Physiographic Province: _____
Latitude: _____ Longitude: _____ Elevation: _____

(Note: If possible, attach a copy of the USGS 7.5' quadrangle with the location indicated)

Name of Area: _____
Survey Site Name (if different from above): _____
Unmanaged: Managed: If managed, by whom?: _____
Owner Name: _____
Contact Name: _____ Phone: () _____
Directions to Survey Site: _____

Threats or Evidence of Disturbance: _____

Habitat Description: _____

Associated Species: _____

Population Data: _____

Photograph and/or Specimen Collection Number and Methodology (if applicable): _____

Name: _____ Address: _____
Phone: Work () _____
Home () _____

Mail to: Division of Natural Heritage, 7th Floor L&C Tower, 401 Church Street, Nashville, Tennessee, 37243-0447
Phone (615) 532-0431; FAX (615) 532-0046

