

ARKANSAS STATE CHAMPION TREE NOMINATION FORM

SPECIES: Common Name _____
Scientific Name _____

Owner's name and address _____

Nominator's name and address _____

Does owner agree to the tree being selected as the State Champion Tree _____ Yes _____ No
Does owner agree that the tree will be available for public inspection _____ Yes _____ No
Does owner agree to allow the placement of a stone marker near the tree _____ Yes _____ No

Location of Tree (give specific location, so that the tree may be found by someone not familiar with the area where the tree is located): _____

GPS Latitude _____ Longitude _____

Circumference (in feet and inches) 4 1/2 feet above the ground: _____

Average diameter spread of crown to the nearest foot: _____

Vertical height to the nearest foot: _____

Measured on date _____ Measured by _____

Additional information about the tree _____

Mayor (if tree is in city limits) _____ County Judge _____

State Representative and/or district _____

State Senator and/or district _____

District Forester _____ County Forester _____



Bigness Index (BI) For office use only	
Circumference	_____
Crown Spread	_____
Vertical Height	_____
BI	_____

Please submit one copy of this form to:

Arkansas Agriculture Department, Arkansas Forestry Commission,
Conservation Education Office, 3821 West Roosevelt Road, Little Rock, AR 72204