



ARKANSAS CHAMPION TREE NOMINATION FORM

TREE SPECIES: Common Name _____
Scientific Name _____

OWNER'S NAME: _____
ADDRESS: _____
CONTACT INFO: Phone _____
E-mail _____

NOMINATOR'S NAME: _____
ADDRESS: _____
CONTACT INFO: Phone _____
E-mail _____

Does owner agree to the tree being selected as the State Champion Tree? Yes No
Does the owner agree that the tree will be available for public inspection? Yes No

LOCATION OF TREE: County _____ City _____

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 _____

Is the tree located on public or private land? Public Private
If located on private land, is the tree viewable from the street? Yes No

MEASUREMENTS: Circumference (in feet and inches) at 4.5 feet above 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: _____

District Forester _____ County Forester _____

Please submit one copy of this form and photos of the tree to:

Arkansas Forestry Commission
Attention: Krista Quinn
PO Box 10
Greenbrier, AR 72058
E-mail: Krista.Quinn@agriculture.arkansas.gov

For office use only:
Circ. (in.) _____ Crown Spread (ft.) _____ Height (ft.) _____ Bigness Index _____
Date Made Champion: _____