

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	he tree being selected as the	e State Champion	Tree?	Yes	No
Does the owner agree that the tree will be available for public inspe			ection?	Yes	No
TREE LOCATION:	County		City		
	so someone not familiar wit				
Give specific location, s	so someone not familial wit	ii tile area cali lot	tate the tiee.		
GPS: Latitude	Longitude				
Is the tree located on p	oublic or private land?		Public	Private	
If located on private land, is the tree viewable from the street?			V		
MEASUREMENTS:	Circumference (in feet and	d inches) at 4.5 fe	Yes et above grour	No nd:	
	Average diameter spread	of crown to the n	earest foot:		
	Vertical height to the near	est foot:			
Pate measured: Measured by:_		red by:			
Additional information	about the tree:				
District Forester		_County Forester_			
Please submit this fo	orm and photos of the tree	(see notes*) to:	Arkansas De	pt of Agriculture	- Forestry Division
			A	ttention: Harold	Fisher
*Individuals may send in photos, or Forestry Division personnel will take them. Photos Needed: - Entire tree (from ground level to top of crown)			PO Box 10 Greenbrier, AR 72058		
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For office use only:					
Circ. (in.)C	Crown Spread (ft.)Height (ft.)		Bi	gness Index	<u></u>
Date Made Champion:					