CWMA Weed Spotter
Tracking Form

NAME		**DATE OF SIGHTING**
ADDRESS		
CITY	**STATE**	**ZIP**
HOME PHONE	**OTHER PHONE**	
NAME OF WEED		
SOURCE OF IDENTIFICATION (Include name of book, website, etc. Include name of person making the ID if other than the Weed Watcher submitting this form.)		
PROPERTY ADDRESS (If known)		**NEAREST CITY**
OWNER OF PROPERTY	☐ **Private** ☐ **State** ☐ **City** ☐ **Federal** ☐ **County** ☐ **Other**	**NUMBER OF PLANTS FOUND** ☐ **1-10** ☐ **11-100** ☐ **100+**
WAS A SAMPLE COLLECTED? ☐ **YES** ☐ **NO**	**WAS A SAMPLE SENT TO A HERBARIUM?** ☐ **YES** ☐ **NO**	**DID YOU PHOTOGRAPH?** ☐ **YES** ☐ **NO**
LOCATION WEED WAS FOUND: (Give a detailed account. Include nearest city, type of plant community, facing slope info, etc.)		

MAP INSTRUCTIONS **Include:** cross-streets geographical features and landmarks, buildings, roads, etc. Include distances Remember that your map needs to be detailed enough so that someone else could go directly to the location.	**MAP OF LOCATION:** ↑ **North** **1 inch = _____feet**

Submit Form To: CWMA
PO Box 364
Paonia, CO 81428
email: contact@cwma.org
fax: 720-880-3051