



Contact Information:

Name: _____ Date: _____

City of Residence: _____

Phone/email: _____

Insect Information:

When and where did you find the insect(s)?

How many insects have you seen (estimate)?

Was there any damage caused by the insect(s)?

Additional comments/questions:

\$10 Identification Fee:

- Check (*made payable to the University of Minnesota*)
- Money Order

Verified by: _____