Nov. 2008

Ant Sample Submission Form

MATERIAL SENT BY:

Name: _____
Business: _____
Address: _____
City: _____
State: _____Zip: _____
Date: _____
Phone: _____
E-Mail:_____

Additional comments:

INFORMATION ON SPECIMENS:

Locality: _____ (City)
_____ (County)
Date Collected: _____
Collector: _____
Collection notes (describe site, location):

DEGREE OF INFESTATION:

_____ Light _____ Moderate
_____ Heavy _____ Unknown

DISTRIBUTION OF INFESTATION:

_____ Local _____ Unknown
_____ Widespread over county

FOR OFFICE USE ONLY

Common Name **Genus** **Species** **Order** **Family**

Name of ant: _____ (Hymenoptera: Formicidae)__
Remarks: _____

Send specimens to: Dr. Roger Gold
Center for Urban & Structural Entomology
Department of Entomology
2143 TAMU
College Station, TX 77843-2143
Phone: 979/845-5855; Fax: 979/845-5926