

Division of Plant Industry
Botany Department
PO Box 147100
Gainesville, Florida 32614-7100

REQUEST FOR PLANT INFORMATION

Date: _____

Reply will be made to the individual sending specimen, unless otherwise instructed.

County Extension Agent or Other Person/
Specialist Sending Specimen _____

Address _____

Phone - _____

Individual requesting information _____

Address _____

Phone - _____

.....
Information requested (name, toxicity, etc.): _____

Specimen information: Full information will assist correct identification.

Flower: color _____; Fruit: color _____, size/shape _____

Habit: tree, shrub, herb, vine; height _____

Frequency (how many in vicinity?): rare, occasional, frequent, common.

Habitat (cultivated, or plant community where found): _____

Location (street address or direction and distance to nearest major landmark, highway, lake,
town, etc): _____

Date of collection: _____

Additional information about specimen: _____