



**Cornell University**  
**Cooperative Extension**  
**Rockland County**

10 Patriot Hills Drive  
 Stony Point, NY 10980  
 Phone: (845) 429 - 7085  
 Fax: (845) 429 - 8667  
 www.rocklandcce.org

**Insect Identification \$7.00**

(For Ticks, Please Use Tick Identification Form)

The quality of your specimen is critical for receiving accurate information. Old, broken specimens are difficult, and sometimes impossible to identify. Please submit **at least five intact** specimens.

**Please Print**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Phone \_\_\_\_\_

Date Received _____
Date Finished _____
Called _____
Sent F.S. <input type="checkbox"/>

Date Collected \_\_\_\_\_

**Where found**

<b>Indoors</b>	<input type="checkbox"/> Kitchen <input type="checkbox"/> Bath <input type="checkbox"/> Bedroom	<input type="checkbox"/> Attic <input type="checkbox"/> Basement <input type="checkbox"/> Deck	<input type="checkbox"/> Food <input type="checkbox"/> Clothing <input type="checkbox"/> Books	<input type="checkbox"/> Pet Other _____	Moisture Nearby? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Outdoors</b>	<input type="checkbox"/> Structure <input type="checkbox"/> Soil	<input type="checkbox"/> Lawn <input type="checkbox"/> Vegetable Garden	Other _____		
	<input type="checkbox"/> Plant	Plant Type _____			
<b>Plant Parts Affected</b>	<input type="checkbox"/> Twigs/Branches <input type="checkbox"/> Stems/Trunk	<input type="checkbox"/> Leaves/Needles <input type="checkbox"/> Buds	<input type="checkbox"/> Flowers <input type="checkbox"/> Fruit	<input type="checkbox"/> Roots <input type="checkbox"/> Root Flare	

**Comments** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Office Use Only:**