

INSECT IDENTIFICATION FORM

TO: _____, Extension Entomologist, 1-87 Agriculture Building,
Columbia, Missouri 65201

FROM: _____, Specimen From _____
Agents Name Cooperators Name

Address Address

NATURE OF PROBLEM & WHERE FOUND

- Feeding on Plant
- Damaging Building
- Kind _____
- Infesting Stored Products
- Part _____
- Kind _____
- Feeding on Animal
- Biting People
- Kind _____
- Annoying People
- Where _____
- No Injury, Just Identify
- Found in Home
- Other _____
- Where _____

PREVALENCE OF INFESTATION

- Large Area
- Localized Area
- Scattered

DEGREE OF INFESTATION

- Heavy
- Medium
- Light

Other information that might help in identification or with control measures including date of collection:

Date _____ Signed _____ County _____

Return Both copies to me One copy direct to cooperator

DETERMINATION AND/OR RECOMMENDATIONS

The enclosed copy of publication _____ gives further information about
this pest and its control.

Return all copies

_____ Date

_____ Extension Entomologist

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Kind _____
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