

The Ohio Lepidopterists
Long-Term Monitoring of Butterflies
Site Information Form

Date: _____
Name of Site: _____
County: _____ Township: _____
State: _____ Zip Code: _____
Contact Person: _____
Address: _____
Address: _____
City, State, Zip: _____
Phone: (____) _____ E-mail: _____
Latitude of start of transect: _____ Latitude of end of transect: _____
Longitude of start of transect: _____ Longitude of end of transect: _____
2nd Contact Person: _____
Address: _____
Address: _____
City, State, Zip: _____
Phone: (____) _____ E-mail: _____
Other Participant Names: _____
Brief Description of Site: _____

Include a map of the transect identifying the start, end and each section of the route. Describe the route in sufficient detail for a person to locate it perhaps twenty years in the future. Use topological maps if available. If possible, obtain a G.P.S. (Global Positioning System) coordinates for each section. In addition, make sure you have permission or a permit to collect voucher specimens from the landowner.

Mail this completed form and the above items to:

The Ohio Lepidopterists
Attn: Butterfly Monitoring Program
1315 Kinnear Road
Columbus OH 43212