REPORT A PEST SIGHTING FORM

-	REPORT A PEST HOTLINE
	Plant Health and Pest Prevention Services
	California Department of Food and Agricultu
	6819 E. Gage Ave., Commerce CA 90040
	phone: 1 (800) 491-1899
	email: reportapest@cdfa.ca.gov
	www.cdfa.ca.gov/phpps/reportagest

cdfa		Date:			
You may not be able to provide all of the information requested below, but please fill in as much as possible. When completed, you are given the option to submit this report via email to reportapest@cdfa.ca.gov. (See bottom of page.)					
If you prefer to contact us by phone, you can print this form and have it in front of you when calling the Hotline at 1-800-491-1899. This form provides you with the type of questions you may be asked by the Hotline operator.					
Date of Sighting:		Name of Suspected	Pest:		
	m (insect, plant, disease, etc.). ion OR fill in the type of organism:	Description of organis distinguishing charact	m (size, color, shape and other eristics):		
	nia where the sighting took place. county OR type in city and county:	Directions to the locat	ion of the sighting:		
If any photographs were taken, please attach them when you submit this form.					
Landowner or Land Manager (if known):					
First and Last names of person who sighted the suspect pest:					
Best phone number to reach this person (include area code):					
Best time to reach this person, Monday - Friday: Best time to reach this person, Monday - Friday: Noon - 5pm					
Email Address:					
Mailing Address:					
IOTE: If the "Submit by Email" button does not work for you, save your form and return it manually to reportapest@cdfa.ca.gov, using your email account. Internal Use Only					
ecord #	Handled By	Time	Date		
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