

Sprayer/Trailer No.: _____

Version 2/16/06, TJO

COQUI FROG FEEDBACK FORM

Please Send to: USDA/Wildlife Services P.O. Box 5087, Hilo, Hawaii 96720

Ph. 933-6955, Fax 933-6957

Landowner's Name:	_____
Telephone No.:	_____
Property Address:	_____

Town/Village/Community	_____
Site Type	<input type="checkbox"/> business <input type="checkbox"/> residential <input type="checkbox"/> hotel/resort <input type="checkbox"/> condo <input type="checkbox"/> nursery <input type="checkbox"/> forest <input type="checkbox"/> natural area <input type="checkbox"/> other
Number of Frogs Calling	
Before Spray	<input type="checkbox"/> 0 <input type="checkbox"/> less than 5 <input type="checkbox"/> 5+ <input type="checkbox"/> 10+ <input type="checkbox"/> 50+ <input type="checkbox"/> 100 +
After Spray	<input type="checkbox"/> 0 <input type="checkbox"/> less than 5 <input type="checkbox"/> 5+ <input type="checkbox"/> 10+ <input type="checkbox"/> 50+ <input type="checkbox"/> 100 +
Comments*	_____

*Live frogs seen pre- or post- treatment, dead frogs, dead geckos, snails, slugs, effects on plants

Name of Applicator:	_____
Date(s) of Application:	_____
Product Used:	<input type="checkbox"/> citric acid <input type="checkbox"/> hydrated lime
Amount of Product Used:	_____ pounds
Amount of Water Used:	_____ gallons
Size of Area Actually Sprayed:	_____ acres

For Agency Use Only
Provide One: TMK: _____ LAT/LONG: _____ OR UTM: _____