INSECT IDENTIFICATION REQUEST

Co. Ext. Office: ___________________________ Requested By: ___________________________
Address: ____________________________________________
___________________________________________
Co. Agent: ___________________________ Phone: ___________________________
Phone: ___________________________
___________________________________________

WHERE INSECT WAS FOUND-
House, Room, Plant Species
(please be specific):

DAMAGES, PART AFFECTED
(Leaves, Sill Plate, Etc.):

HAS INSECT BEEN SEEN
BEFORE (When, Where)?:

HOW OFTEN IS INSECT
SEEN (Every Day, Week?):

CONTROL MEASURES YOU
HAVE TAKEN:

Give a brief chronology of events surrounding the occurrence of this insect or damage:

______________________________________________________________________________
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<th>GENUS</th>
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Where trade names are used, no discrimination is intended and no endorsement by The Pennsylvania State University or Pennsylvania Department of Agriculture is implied. Insect control recommendations included in this report should not be used as a substitute for the pesticide product label information. The pesticide user bears the responsibility of consulting the pesticide label and adhering to those directions.


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