Information Request

Please fill out entire form in ink!!

TODAY'S DATE:

University of Idaho Extension
Ada County

5880 Glenwood St
Boise, ID 83714
208.287.5900
adamg@uidaho.edu

Client Information

Client Name:	
Business Name:	
Address:	
City/State/Zip:	
Phone:	Email:

Information Requested

If the request pertains to a plant problem, insect ID or issue, or weed or plant ID, please use the appropriate form.

Office Use Only

Answer and resources provided:

Notes:

Database category:

Researched by:

Reference/cite (website URL, book page, etc)

Initial client contact by:

Contact type: ☐ in-person ☐ phone/v-mail ☐ email

Number of adults:	men	women

Follow-up contact by:

Contact type: ☐ in-person ☐ phone/v-mail ☐ email

Number of adults:	men	women

DATE RESOLVED:

Database entry by:

Form number: