

# ARKANSAS STATE CHAMPION TREE NOMINATION FORM

SPECIES: Common Name \_\_\_\_\_  
Scientific Name \_\_\_\_\_

Nominator's Name and Address: \_\_\_\_\_  
\_\_\_\_\_

Owner's Name and Address: \_\_\_\_\_  
\_\_\_\_\_

Does owner agree to the tree being selected as the State Champion Tree? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does the owner agree that the tree will be available for public inspection? \_\_\_\_\_ Yes \_\_\_\_\_ No

Location of Tree: \_\_\_\_\_  
(Give a specific location so the tree may be found by someone not familiar with the area where the tree is located.)

Circumference in feet and inches 4--1/2 feet above the ground: \_\_\_\_\_

Diameter spread of crown to the nearest foot: \_\_\_\_\_

Vertical height to the nearest foot: \_\_\_\_\_

Date Measured and by Whom: \_\_\_\_\_

Additional information about the tree \_\_\_\_\_  
\_\_\_\_\_

Please submit one typed or printed copy of the nomination form to the Arkansas Forestry Commission, 3821 W. Roosevelt Rd., Asher Station, Little Rock, Arkansas 72204.

For assistance in obtaining accurate measurements on the tree, please contact the nearest Forestry Commission office.



*Latitude* \_\_\_\_\_

*Longitude* \_\_\_\_\_

## BIGNESS INDEX (BI) For Office use only

C -- \_\_\_\_\_

CS -- \_\_\_\_\_

VH -- \_\_\_\_\_

BI -- \_\_\_\_\_