

Summer Maternity Roost Monitoring-SITE and LANDOWNER Data Form

U-2 White Nose Syndrome (WNS):

Multi-state Coordination, Investigation and Response to an Emerging Wildlife Health Threat

Sitename or Number: _____ **2 Digit State abbrev.:** _____ **County:** _____

LAT: _____ ° - _____ ' _____ " (N) **LON:** _____ ° - _____ ' - _____ " (W) **DATUM (circle):** WGS84 (preferred) – NAD83 – NAD27

Lat/Lon Precision (circle): GPS – From Map – County. Resolution – Not Mapped – Other (specify) _____
(circle- "GPS" if GPS unit used; "From Map" if plotted from map; "County Resolution" if coordinates are only County specific)

Roost Structure is: barn – church – occupied house – unoccupied house – utility building – bat box – bat condo – bridge – tree –
cave – mine – unknown – other structure (describe): _____

Primary Species within Roost: _____ or Unknown (circle if unknown)
(list only 1 if known., and make comments on others)

COMMENTS (include directions to site, where bats are exiting, how many surveyors needed at site, other species roosting, landowner's plans for the bat colony, history of site regarding bats, etc. attach more sheets if needed):

LANDOWNER INFORMATION (CONFIDENTIAL):

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____

EMAIL: _____

RESPONSIBLE SURVEYOR NAME: _____