

Dutch Elm Disease Recording Form

Location of diseased tree(s):

Approximate location:

Grid reference:

Map attached:

YES

NO

Name of landowner (if known):

Notified by:

Date of inspection:

Name:

Address:

Tel:

Tree Details:

Age class:

YOUNG

SEMI-MATURE

MATURE

Number of trees affected:

Other information (extent of dieback, symptoms, felled / standing etc)

Please complete & return this form to:

**Forestry Section
Planning & Development
Highland Council
Glenurquhart Rd
Inverness IV3 5NX**

Any queries, please contact Robert Patton on 01463 702285 or email robert.patton@highland.gov.uk

Many thanks for your help and co-operation