

OILED WILDLIFE REPORT FORM

DATE: _____ TIME: _____ AM / PM (CIRCLE ONE)

LOCATION: Body of water / land area: _____

Nearest intersection of roads: _____

Township: _____ County: _____

GPS Location if known: _____

SPECIES OBSERVED: _____

Number of individuals observed/affected: _____

Description of oiling condition: _____

OBSERVER NAME: _____

ADDRESS: (Street/PO Box) _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PHONE NUMBER: _____ E-MAIL: _____

E-MAIL THIS FORM AS A WORD ATTACHMENT

TO: Josephine.Zenquis-Diaz@dep.state.nj.us

OR FAX TO: 609-984-1414 attention Josephine Zenquis