

**Plant Protection and Quarantine Pest Reporting Form**  
(PPQ Form 10)

**Contact Information**

\* First Name

Last Name

Phone Number

\* Email Address

City

County

\* State

Zip Code

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According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0311. The time required to complete this information collection is estimated to average .083 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB APPROVED  
0579-0311  
EXP. DATE 09/30/2020

## Plant Protection and Quarantine Pest Reporting Form (PPQ Form 10)

### Location and Date of Sighting

\* Street Location

\* City

County

\* State

\* Zip Code

\* Date of Sighting

 

\* Description of Sighting Location

(i.e., nearby cross streets, physical landmarks, other features to help pinpoint the location of the suspected pest or disease), AND GPS COORDINATES OF SIGHTING (optional)

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Submit

Cancel

**Plant Protection and Quarantine Pest Reporting Form**  
(PPQ Form 10)

**Location and Date of Search**

\* Street Location

\* City

County

\* State

\* Zip Code

\* Date of Search

 

\* Description of Search Location (i.e., homeowner's property, public park, trees along street, etc.)

Types of Plant(s) or Tree(s) Inspected, if known

Number of Plants(s) or Tree(s) Inspected

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Submit

Cancel

## Plant Protection and Quarantine Pest Reporting Form (PPQ Form 10)

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### Signs or Symptoms of Pest or Disease Damage Observed

Did you Observe any Signs or Symptoms of Pest or Disease Damage

- Yes  
 No

Description of Damage Observed

Upload Photo (submit a photo of what you observed)

Select File:  No file chosen

Did you Collect a Specimen?

- Yes  
 No