The Ohio Lepidopterists
Long-Term Monitoring of Butterflies
Site Information Form

Date: ______________________
Name of Site: ______________________________
County: _______________________________ Township: _______________________________
State: _______________________________ Zip Code: _______________________________
Contact Person: ______________________________
Address: __________________________________
Address: __________________________________
City, State, Zip: ______________________________
Phone: (___) __________________ E-mail: ______________________________
Latitude of start of transect: ___________________ Latitude of end of transect: ___________________
Longitude of start of transect: ___________________ Longitude of end of transect: ___________________
2nd Contact Person: ______________________________
Address: __________________________________
Address: __________________________________
City, State, Zip: ______________________________
Phone: (___) __________________ E-mail: ______________________________
Other Participant Names: ______________________________
Brief Description of Site: ______________________________

Include a map of the transect identifying the start, end and each section of the route. Describe
the route in sufficient detail for a person to locate it perhaps twenty years in the future. Use
topological maps if available. If possible, obtain a G.P.S. (Global Positioning System)
coordinates for each section. In addition, make sure you have permission or a permit to collect
voucher specimens from the landowner.

Mail this completed form and the above items to: The Ohio Lepidopterists
Attn: Butterfly Monitoring Program
1315 Kinnear Road
Columbus OH 43212