City of Fort Collins Songbird Nesting Survey

Project Name: _____ Project Number: _____ Date: _____

Contact Name: _____ Contact Phone Number: _____

Contact Email: _____ Process (FDP, BDR, MJA, MA, etc.): _____

Location/Address of Project:

_____

_____

_____

Name of Entity Conducting the Survey:

_____

Date/Timeline of Expected Impact/Tree Removal:

_____

Scope of Impact/Tree Removal/Trimming (i.e., number of trees):

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_____

Survey Results:

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Additional Comments:

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