

APPENDIX I

ENDANGERED SPECIES CONSULTATION AGENCY ACTION REPORT

Date Submitted: _____ (Office Use Only)
Project Code: _____
Date Due: _____

Agency Name: _____
Contact Person: _____
Phone: _____
Agency Address: _____

DESCRIBE PRECISE LOCATION OF PROPOSED ACTION

County (ies): _____
City/Town: _____
Township/Range/Section: _____
U.S.G.S. Quad Map Name(s): _____
Brief Description of the Proposed Action:

Please enclose a map delineating the location of the proposed action.

For Natural Heritage Use Only

QUADCODE(S): _____

Are there threatened/endangered species or natural areas located within the vicinity of the project? [Yes] [No] If yes, the consultation process should continue. If no, the consultation process is terminated.

Evaluation approved by: _____ Date: _____

Endangered & Threatened Species Program Manager

Submit to : Natural Heritage Division, Ill. Department of Conservation
524 S. Second Street, Room 485
Springfield, IL 62701-1787