APPENDIX H
ENDANGERED SPECIES CONSULTATION AGENCY ACTION REPORT

Date Submitted: ___________________________       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.

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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:

_____________________________ __________________________
Endangered & Threatened Species Date
Program Manager

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

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