

**APPENDIX H
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.

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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 Program Manager

Date

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