



Bee Nuisance Complaint Intake Form

INDIVIDUAL REPORTING COMPLAINT

Date:	Title:
Last Name:	Department / Program:
First Name:	Contact Phone Number:
Physical Address:	Contact Email Address:

LOCATION OF NUISANCE	DESCRIPTION OF NUISANCE
District:	Native Bees: Swarm <input type="checkbox"/> Hive <input type="checkbox"/> Unknown: <input type="checkbox"/>
Cross Streets:	Managed Bees: Approximate # of Boxes
Latitude:	Beekeeper's Name:
Longitude:	Beekeeper's Phone #:

NATURE OF NUISANCE	ADDITIONAL NOTES
<input type="checkbox"/> Bees have stung humans <input type="checkbox"/> Bees have stung/killed animals <input type="checkbox"/> Bees are over abundant <input type="checkbox"/> Bees are in water features on property <input type="checkbox"/> Bees are near residents <input type="checkbox"/> Bees are aggressive <input type="checkbox"/> Managed bee hives are trespassing <input type="checkbox"/> Managed bee hives are not marked <input type="checkbox"/> Other: _____	

FOR OFFICIAL USE ONLY

Date Received	Received By	Assigned To:	Date of Callback	Time of Callback