

Sanctuary Monitor Report

Monitor Name:	Date of Visit (include year):
Address:	
Phone:	Email:

General Information

Property Name		Property Number	
Acreage		Classification	
Describe Property's Use (high traffic, few apparent visits etc.)			
Access: Conditions or needs related to access.		Parking: Conditions or needs of parking area.	

Report Based on Observation of:

Entire Property <i>*Preferred*</i>		Entire Boundary		Portion of Property Indicate which portion	

Boundary Markings

Are boundaries marked?	Which type of boundary signage?
If yes, is the entire boundary marked, corners only, etc.? Any needs?	Boundary sign w/web address <input type="checkbox"/> Boundary sign w/phone number <input type="checkbox"/> Other (describe):

Submit this form to your Regional Stewardship Organizer by September 15.
You can send via email or mail a hard copy to the MNA Office.

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Do You Need Additional Signs Mailed to You?

Sign type:	Number requested:
Boundary signs	
Trail diamonds (blue, yellow, purple, green, white)	
Sanctuary Rules	
Please Respect this Nature Sanctuary	
No Hunting	
No Motorized Vehicles	
No Dumping	
MNA Access	
Do Not Mow or Spray	
No Pets Permitted	
Other (<i>please describe</i>):	

Trails How many trails?

Trail Markings: How are they marked? What color?	Conditions:	Needs related to trails, signage, boardwalks, etc.:

Structures How many structures?

Please Describe:	Condition/Needs:

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Violations

Vandalism		Dumping		Plant Removal	
Hunting/Poaching		ORV		Other	
Explain Circumstances:					

Flora & Fauna

Please share any observations of interest, particularly rare species or invasive species concerns (attach additional pages if needed):

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Suggestions/Comments

Please describe visit and attach photos if taken. Include any other notes or suggestions here.

Have there been any new developments on adjacent property? Have you met neighbors? Did you get their contact information? Any adjacent property for sale? Other notes, concerns, questions, etc.

Monitor Signature: _____
(ok to e-sign if report completed electronically)

Date Report Completed: _____

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