



**Connecticut Department of
Energy & Environmental Protection**
Bureau of Natural Resources
Wildlife Division

Public Bat Sightings

Part I: Contact Information

Name: _____

Mailing Address: _____

City/Town: _____ State: ____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Reporting Date: _____

Are you interested in volunteering? Yes No

May we contact you? Yes No

Part II: Location of Bat(s) if Different from Contact Information

Nearest Address _____

City/Town: _____ State: ____ Zip Code: _____

If you do not know the address, please enter the name of the nearest landmark, distinguishing feature, or the names of the nearest intersecting streets. If you know the latitude and longitude, enter them below in decimal degrees:

Nearest Landmark: _____

Latitude: _____ Longitude: _____

Part III: Bat Information

Observation Date: _____ Time of Day: _____

1. Are bats having trouble flying? Yes No Number of live bats: _____

2. Are bats outside during the day? Yes No Number of dead bats: _____

3. Is this a summer/maternity colony? Yes No Estimate number of bats in your colony: _____

4. Do you have a photo to send to the DEEP? (if yes, please submit photo by e-mail)
 Yes No

5. Choose structure type where the bats are roosting:

Aqueduct Barn Bat Box Bridge Cave Church

Culvert Mine Tree Tunnel Unknown Utility Bldg.

Other Structure House (occupied) House (unoccupied)

Part III: Bat Information (continued)

Additional Observations:

Check here if additional sheets are necessary, and label and attach them to this sheet.

Note: Please submit the completed form along with any attachments, if applicable, to:

BAT SIGHTINGS
SESSIONS WOODS WILDLIFE MANAGEMENT AREA
P.O. BOX 1550
BURLINGTON, CT 06013

or, via e-mail to: deep.batprogram@ct.gov