



ARBORETUM RESEARCH ACTIVITY REQUEST FORM

Title of Project: _____
Name of Investigator/User: _____
Principal Investigator / Project Supervisor: _____
Department/School: _____
University/Other Organization: _____
Tel: _____ E-mail: _____
Address: _____

Activities (specify types & amounts of materials, collection techniques, Animal Use Protocol No. etc):

Site Modification Requested (if any):

Location (Or indicate on map on next page): _____
Start Date (Activity at The Arboretum): _____ End Date: _____

By signing below, I (The Principal Investigator) understand and agree that:

- The Arboretum reserves the right to charge for the use of the site, and will charge back to the principal investigator for any labour / equipment input to the project.
- I must post a project description sheet at the project site for the duration of the project (if applicable).
- I will minimize any disturbances to wildlife at the project site.
- I will remove all project equipment and restore the site to its pre-project condition by the completion date on this form.
- I will provide The Arboretum with a short project description suitable for public communication
- I will credit The Arboretum as the site for my research, and send any reports or publications that result from the research activities.

Submitted Date:

Principal Investigator Signature:

Approved Date:

Arboretum Signature:

Please return this completed form to:

*Dr. Aron Fazekas, Arboretum Research Co-ordinator: arb.research@uoguelph.ca
The Arboretum, University of Guelph, Guelph, ON N1G 2W1. Tel: (519) 824-4120 x 52356
Please allow at least 2 working days for an approval decision.*

