



MANATEE SIGHTING REPORT

Date of Report: ____/____/____ Date of Manatee Sighting: ____/____/____ Time: ____:____ am/pm
Dead _____ Injured _____ Sighting _____

Manatee seen and reported by: _____
Phone Number: (_____)_____-_____
Address: _____
E-mail: _____

Location Information:

County: _____ Latitude: _____
City: _____ Longitude: _____
Waterbody: _____ Map attached? Y/N

Number of Manatees seen: (calves are ½ the length of adults)

Adults: _____ Calves: _____

Describe the Manatee: (approximate size, distinguishing characteristics, such as scars or injuries) _____

Describe Manatee Behavior: (feeding, resting, mating, traveling, nursing, etc.) _____

If this animal is tagged, describe tag including colors or numbers noted: _____

Photographs taken: Y/N

(If photographs are taken, please describe in photo documentation log)

Total Hours :
Mileage Used:

**If this report is for a tagged manatee
please call:**

Florida Fish and Wildlife Research Institute
1-888-404-3922

In the case of an orphaned, harassed, injured or dead manatee, please call:

FWCC Hotline: 1-888-404-3922
Volusia County Manatee Protection Program: (386) 736-5927 x12235

Mail, fax, or email this report to:
Debbie Wingfield
County of Volusia
Environmental Management
123 West Indiana Avenue
DeLand, FL 32720, Room 202
Fax (386) 740-5193
dwingfield@volusia.org
www.volusiamanatees.org