



## Plant Information Request

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

What would you like to know? \_\_\_\_\_

\_\_\_\_\_

[Use back of form if more space needed.]

**RETURN FORM TO: Olbrich Botanical Gardens - Schumacher Library, 3330 Atwood Avenue, Madison, WI 53704**

**Email Plant Information Request to: [olbrichplantinfo@cityofmadison.com](mailto:olbrichplantinfo@cityofmadison.com)**

**FOR OFFICE USE ONLY – [Please print.]**

**Follow up Action Taken:**  emailed OR  called/voice message  
 Requested More Information from Patron on: \_\_\_\_\_  
Date

**Answer Provided to Patron:** [Please describe – use back of form, if needed.]

**Date Response Completed:** \_\_\_\_\_ **Completed By:** \_\_\_\_\_