

## DEPARTMENT OF PUBLIC WORKS TREE DIVISION SERVICE REQUEST

		Date:				
SERVICE REQUESTED:   ( ) Trim ( )   ( ) Remove ( )   ( ) Plant ( )   ( ) Spray ( )   ( ) Root Cut COMMENTS:	Restake / Tie Inspect / Advise Other	() Limb () Visibi	sed down/hanging lity	( ) ( ) ( )	Root damage In sewer Hardscape damage Other	
LOCATION OF PROBLEN	/I					
House No.:	Street:	Cross Street:				
		Address:				
Phone (Home):	a.m	p.m. (Worl				
NAME (Print) NAME (Sígnature)			ADDRESS			
DO NOT WRIT	TE BELOW THIS I	LINE - TO BE	E COMPLETED	BY CIT	TY STAFF	
D.B.H.:	Species:					
Phone: Field:	Other:		Received by:			
U.S.A. Dig Alert No.:		Righ	nt–of–Way:			
Inspected By:			Date	<u>;</u>		
Disposition:						
Species Removed:		No.: I	Planted:		No.:	
Crews Remarks:						
Date(s) Work Performed:						
Planted:	Removed:		Roots Cut:			
Sprayed/Treated:	Stump(s)	Removed:		Trimme	d:	