



MONTCLAIR

DEPARTMENT OF PUBLIC WORKS

TREE DIVISION SERVICE REQUEST

Date:

SERVICE REQUESTED:

TREE(S) CONDITION:

- ( ) Trim ( ) Restake / Tie ( ) Dead ( ) Root damage
( ) Remove ( ) Inspect / Advise ( ) Diseased ( ) In sewer
( ) Plant ( ) Other ( ) Down ( ) Hardscape damage
( ) Spray ( ) Limb down/hanging ( ) Other
( ) Root Cut ( ) Visibility

COMMENTS:

LOCATION OF PROBLEM

House No.: Street: Cross Street:
Requested By: Address:
Phone (Home): a.m. p.m. (Work): a.m. p.m.

I, the undersigned, hereby give permission to the City of Montclair to remove a tree, and to relieve and hold harmless the City of Montclair from any responsibility of damage that might be incurred by said removal.

NAME (Print)

ADDRESS

NAME (Signature)

DATE

DO NOT WRITE BELOW THIS LINE - TO BE COMPLETED BY CITY STAFF

D.B.H.: Species:
Phone: Field: Other: Received by:
U.S.A. Dig Alert No.: Right-of-Way:
Inspected By: Date:
Disposition:

Species Removed: No.: Planted: No.:

Crews Remarks:

Date(s) Work Performed:

Planted: Removed: Roots Cut:

Sprayed/Treated: Stump(s) Removed: Trimmed: