



DEPARTMENT OF PUBLIC WORKS

PROBLEM TREE INSPECTION REQUEST

DATE: _____

ADDRESS: _____

PROPERTY OWNER: _____

CONTACT# _____

RESIDENT (IF NOT OWNER): _____

CONTACT # _____

LOCATION OF TREE: _____

TYPE OF TREE: _____

SIZE OF TREE (AT WIDEST POINT): _____

PROBLEM (DEAD/DYING, FALLING/DAMAGED, CAUSING PROPERTY DAMAGE): _____

OFFICE USE ONLY:

DATE OF INSPECTION: _____

INSPECTED BY: _____

FINDINGS: _____
