

Tree Request: Trimming Etc.

Property Owner: _____

Property Address: _____, Aspinwall, PA 15215

Contact Phone #: _____ e-mail address: _____

Property Owner Mailing Address: (if different)

Total # of trees requested for trimming: _____

<u>Tree #</u>	<u>Species</u>	<u>Diameter</u>	<u>Location</u>	<u>Reason</u>
1				
2				

Tree(s) must be marked with a ribbon & numbered. If not marked or identified, the request will not be considered.

Other comments:

Signed: _____

Property Owner / Agent (if agent, attach authority to represent owner)

If the tree(s) are a significant safety hazard initial here: _____

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The next scheduled Shade Tree Commission Meeting: _____

Received Borough of Aspinwall Office: ____/____/____

Determination of Aspinwall Shade Tree Commission:

Response sent: ____/____/____