

SERVICE REQUEST

DATE: _____

RECEIVED BY _____

NAME (LAST, FIRST) _____

ADDRESS: _____ PHONE _____

- POTHOLE DRAINAGE BRUSH SIGN GRADING
 SNOW/ICE TREE CEMETERY OTHER

PROBLEM / NATURE OF COMPLAINT: _____

EXACT LOCATION: (Standing in front of property on street) _____

.....
(below for DPW use only)

INSPECTION DATE:

INVESTIGATED BY:

OBSERVATION: TOWN TREE

PRIVATE TREE

POLE #

DIAMETER

SPECIES

Tree #

CALL BACK

LETTER

COMPLETE LATER

CLOSED