

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

Upon completion of the Service Request form, please forward to the DPW offices by emailing to:

dcabral@wayland.ma.us

jdoucette@wayland.ma.us

OR

Fax to 1- 508-358-4082

Please give us two business days to respond, or longer should there be inclement weather causing town wide issues.

Should you have any questions, please call the DPW Department at 508-358-3672, or, Joe Doucette at 508-358-6853. Thank you!