



Claremont Civic Association
Tree Service Request



Date: _____

Lot # _____

Service Requested: _____

Species, height, and diameter (if known): _____

Trim

Remove

Replace _____

Reason for Request: _____

Other pertinent information (please attach photos if available): _____

Approval of adjacent neighbors:

Name: _____ Signature: _____

Name: _____ Signature: _____

Submitted by: _____

Address: _____

Phone Number: _____ Email: _____

Date Received: _____ **Date to Tree Committee** _____

Tree Ownership: **Golf Course** **Landscape**

Approved **Approved with modifications** **Not Approved**

Date of Committee Approvals: Golf: _____ **Landscape:** _____ **Tree:** _____

Action to be taken, or reason for rejection: _____

Resident Notified by: _____ **on** _____ **(date)**

Work Done & by Whom: (be descriptive, attach proposals from outside companies): _____

Final Cost: _____

Date Action Completed

Trimming: _____

Removal: _____ **Grinding:** _____ **Replacement:** _____

Date Filed: _____