

To:	From: Public Works/Road Ops	
Fax:	Pages:	1
Phone:	Date:	6/11/2013
E-Mail:		
TREE REMOVAL REQU	<u>JEST</u>	
Road Name: Arlington Av S Nearest City:Sorrento Address: 25725 Colmar Av Section 29 Township: Description of Tree: oak Location of Tree: On Arlingt Size of tree (s): 23" Grind Stump? yes Remove If trim what class? Class 1 Power Lines or other hazard Sod? Yes No Comments: Tree is marked	(Tree is on Arling 18 Range: 28 on, side of addres e Stump? Class 2 Class 2 Stump Yes s involved? Yes Type of s	ess above. Class 3 No sod Needed:
or designee prior to the performance	of the work. Any work	greed upon in writing by either the Project Manager rk performed without agreement by all parties shall be ntract. Invoices should be sent to the address listed
Approved by:	Date:	
County Repres	entative	
Work Completed and Ol	(to Pay: Yes	□ No □
Inspected by:		Date:
Invoice #		-

Request Details Report

Request Number Associated Work Order Observed Date/Time MA3-10849-R 6/10/13 10:15:A Citizen Information Name Phone Cait Dyson (352) 874-8749 Ext. Alternate Phone Address 25725 **Email Address** Colmar Av Sorrento FL Organization Requestor Contact Issue and Location Issue Tree Removal Activity Map Page SEC TWN RNG Address Number 27525 Route Colmar Av Intersect Route Arlington Av (4388D) Details Citizen reports a dead tree in the ROW. **Notes** History 6/10/2013 Request has been printed and given to the Supervisor. Wall, Treeva 6/11/2013 Contract tree removal requested. Lee, Steven Resolution _____ Request Response Date

Time Arrived____

Time Departed_____





