

<u>To:</u>	From: Public Works/Road Ops					
Fax:	Pages:	1				
Phone:	Date:	7/23/2015				
E-Mail:						
TREE REMOVAL REQUEST	Γ					
the yard that needs to be picked Questions concerning tree size(s) shall be accordesignee prior to the performance of the	Range: 28 mp? Class 2 oologo Yes oologo Ye	Class 3 ☐ No⊠				
Approved by:	Date:					
County Representat	<u>live</u>					
Work Completed and OK to Pay: Yes No						
Inspected by:		Date:				
Invoice #						

Request Details Report

Request Number MA3-13562-R			Observed Date/Time 7/22/15 3:30:P		_
Name Steven Address 31416 CR 437 (3	Jones	Phone (35 Alternate Pl Email Addre		Ext.	
Organization Requestor Contact					_
Issue and Location		Issue	Tree	Tree Removal	
Activity		Map Pag	ge SEC 3ϕ	TWN 19	RNG 28
Address Number	31416				
Route CR 437 (3986	6)				
Intersect Route Details Large tree limb has falle	n.				
Notes					
History					
Resolution _					
Request Response Date	07/22/2015				3.
	e				
Time Arrive	d	(4)			

Time Departed_____



