

<u>To:</u>	From: Public Works/Road Ops			
Fax:	Pages:	1		
Phone:	Date:	9/20/2017		
E-Mail:				
TREE REMOVAL REQUEST	[
Road Name: Lakeshore Dr Segmenter City: Tavares Address: 32850 Lakeshore Dr Section 27 Township: 19 Description of Tree: pine Location of Tree: at address Size of tree (s): 26" Grind Stump? no Remove Sture If trim what class? Class 1 Power Lines or other hazards invested? Yes No Comments: Emergency tree remare pulled up.	Range: 26 mp? no Class 2 olved? Yes Type of so	Class 3 ☐ No⊠		
or designee prior to the performance of the	work. Any work p	ed upon in writing by either the Project Manager performed without agreement by all parties shall be act. Invoices should be sent to the address listed		
Approved by: County Representat	Date:			
County Representati				
Work Completed and OK to Pay: Yes No				
Inspected by: Invoice #		Date:		
TIIA OICE #				

Request Details Report

Request Number MA3-16068-R	Associated Work Order	Observed D 9/20/17 10	
Citizen Information Name Address	Phone Alternat Email A	(352) 742-6455 te Phone ddress	5 Ext.
Organization Tavares Go Requestor Contact Jocelyn	vernment		
Issue and Location Activity	Issue Map	Page SEC	Removal TWN RNG
Address Number 32	2850		
Route Lakeshore Dr (3960)		
Intersect Route Details Tree leaning towards the re	oad.		
Notes			
History 9/20/2017 Emergency	contract tree removal requested.		Hicks, Christopher
Resolution			
	99/20/2017		

Time Departed_____













