

10:	From: Publ	ic works/Road Ops				
Fax:	Pages:	1				
Phone:	Date:	8/2/2017				
E-Mail:						
TREE REMOVAL REQUEST	Γ					
Road Name: Troon Av Segment Nearest City:Sorrento Address: 25549 Troon Av Section 32 Township: 19 Description of Tree: stump Location of Tree: at address Size of tree (s): 58" stump Grind Stump? yes Remove Stur If trim what class? Class 1 Power Lines or other hazards invo Sod? Yes No Comments: stump is painted	Range: 28  mp? Class 2	Class 3 ☐ No⊠				
or designee prior to the performance of the	work. Any work p	eed 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: <u>tive</u>					
Work Completed and OK to Pay: Yes No						
Inspected by:		Date:				
Invoice #						

## Request Details Report

Associated Work Order		Observed Date/Time 8/2/17 1:53:P		
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