

<u>To:</u>	From: Publ	<u>lic Works/Road Ops</u>
Fax:	Pages:	1
Phone:	Date:	8/29/2017
E-Mail:		
TREE REMOVAL REQUEST	<u>r</u>	
Road Name: Troon Av Segment Nearest City:Sorrento Address: 25541 Section 32 Township: 19 Description of Tree: oak Location of Tree: at address Size of tree (s): 29 inch Grind Stump? yes Remove Stur If trim what class? Class 1 Power Lines or other hazards invo Sod? Yes No	Range: 28 mp? Class 2 olved? Yes Type of so	Class 3 ☐ No⊠
or designee prior to the performance of the	ddressed and agre 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:	
Work Completed and OK to I	Pay: Yes	No
Inspected by:		Date:
Invoice #		

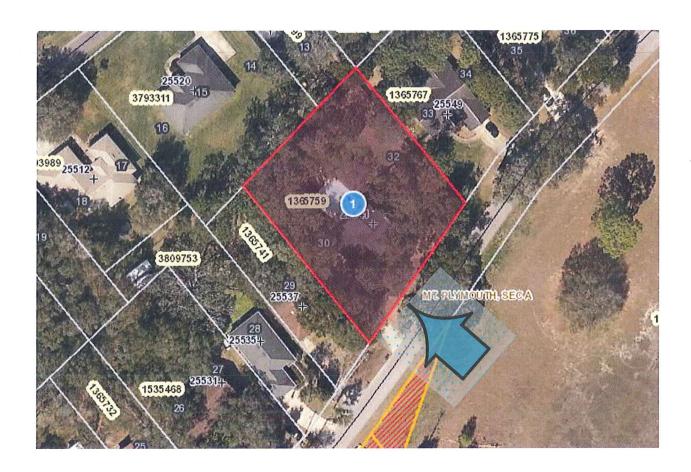
Request Details Report

Request Number **Associated Work Order Observed Date/Time** MA3-15963-R 8/28/17 3:32:P Citizen Information Name Phone Ext. **Alternate Phone Address Email Address** Organization Requestor Lake County Public Works Contact Lee, Steve **Issue and Location** Issue Tree Removal **Activity** Map Page SEC TWN RNG 32 19 28 Address Number 25541 Route Troon Av (4189) Intersect Route **Details** Dead oak needs to be removed. **Notes History** Resolution _____

Request Response Date Date_____

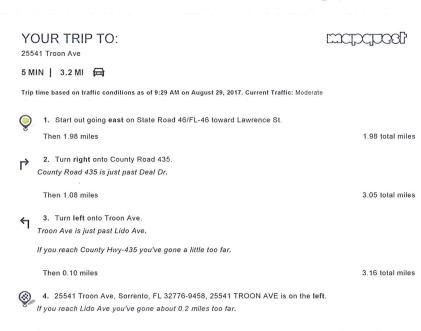
Time Departed___

Time Arrived _____









Use of directions and maps is subject to our <u>Terms of Use</u>. We don't guarantee accuracy, route conditions or usability. You assume all risk of use

