

To:	From: Public Works/Road Ops		
Fax:	Pages:	1	
Phone:	Date:	8/2/2017	
E-Mail:			
TREE REMOVAL REQU	EST		
or designee prior to the performance of	Stump? Class 2 Type of some standard and according to the work. Any work.	Class 3	be
Approved by:	Date:		
County Represe	<u>entative</u>		
Work Completed and OK	to Pay: Yes	No	
Inspected by:		Date:	
Invoice #			

Request Details Report

Observed Date/Time **Request Number Associated Work Order** 8/2/17 1:53:P MA3-15838-R Citizen Information Phone Ext. Name **Alternate Phone** Address **Email Address** Organization Requestor Lake County Public Works Contact Lee, Steve Tree Removal Issue Issue and Location Map Page SEC TWN RNG Activity Address Number 25524 Route Colmar Av (4388B) Intersect Route Details Contract stump grinding requested. Notes History Resolution _____ Request Response Date 08/02/2017

Date____

Time Departed_____

Time Arrived_____



