

**Allendale Shade Tree
Request Form**

Resident Name: _____ Request Date: _____

Property Address: _____

Contact Numbers: (Home) _____

(Work/Cell) _____

Email Address: _____

Type of Tree (If known) and Size: _____

(Diameter at breast height) _____

Nature of Work Requested, please be specific: _____

Utility lines Involved? Yes _____ No _____

- Please note, the Shade Commission does not prune trees for aesthetic purposes. Pruning will be done for safety purposes only.

For Shade Tree Commission Use

Site Inspected: _____

Observations and Tree Condition: _____

Recommended Action: _____

Stump Removal? Yes _____ No _____

Homeowner Advised: _____

Work Bid: _____

Work Scheduled: _____

Work Completed: _____

Future Planting Site? Yes _____ No _____