CITY OF NAPPANEE

City Tree Inspection Request

Applicant Information

Name:	Date:	
Address:	Phone:	
Email:	Alt. Phone:	

Description

Please provide a brief description of the concerns you have about the tree and the work you think needs to be done.

Depiction

1. Please place an X on the diagram below to indicate the tree(s) in question.

2. Draw any additional relevant structures such as garages, driveways, alleys, and sidewalks

3. Indicate which direction is north by notating on the arrow provided

4. Include relevant street names on your diagram, and cross off streets that do not apply

	Street:			
	Street: Street:	House	o Street:	
		Inter	nal	
Address ID:		Tree ID:	Date Inspected:	
Denied	Hold	Low Priority	Medium Priority	High Priority
	Tree Removal	Tree Maintenance	Stump Removal	Tree Planting
	Homeowner Contact:	Phone Call	In Person Visit	Door Hanger/Tag
Work to				
complete:				
Estimated C	ost:	Additional Cost Fact	tors:	

