



Village of Hazel Crest
Department of Public Works

REQUEST FOR PARKWAY TREE(S) TO BE TRIMMED

PLEASE PRINT:

NAME: _____ **DATE:** _____

ADDRESS: _____

TELEPHONE: _____

NUMBER OF TREES TO BE TRIMMED: _____

It is my understanding that only trees in the parkway will be trimmed. Tree trimming is a low priority job to be done by Public Works crews when it can be scheduled. Tree trimming applications will be acted on in the priority it attains upon date of receipt. Tree trimming is completed in the winter and months.

Homeowner's / Resident's Signature

FOR OFFICE USE ONLY:

Date received: _____ **By:** _____

Date of inspection: _____ **Inspected by:** _____

Please describe condition of tree: _____

Priority Level: High Normal Low

Date service started: _____ **Date service completed:** _____