

THE BOROUGH OF OAKMONT  
TREE SERVICE REQUEST FORM

767 Fifth Street, Oakmont, Pennsylvania

Phone: 412-828-3232 Fax: 412-828-3479



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**CONTACT INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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**LOCATION OF THE PROBLEM**

Street Address: \_\_\_\_\_ Corner: \_\_\_\_\_  
Intersection: \_\_\_\_\_ Type of Tree: \_\_\_\_\_  
Tree Number: \_\_\_\_\_

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**TREE CONDITION**

Low Branches  Pest Infestation  Other   
Diseased  Visibility Hazard   
Street Light or Sign Clearance  Dead

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**SERVICE REQUESTED**

Trim  Remove   
Inspect/Advise  Plant

Signature : \_\_\_\_\_

Print Name: \_\_\_\_\_

Date : \_\_\_\_\_

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**FOR BOROUGH USE ONLY**



- Immediate Action
- Removal
- Pruning
- No Action

**Inspection Remarks:**

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Inspected By: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_