

**BOROUGH OF OAKMONT**

767 Fifth Street

Oakmont, Pennsylvania 15139

Phone: (412) 828-3232

Fax: (412) 828-3479



**TREE SERVICE REQUEST**

**CONTACT INFORMATION**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**LOCATION OF THE PROBLEM**

Street Address: \_\_\_\_\_

Corner: \_\_\_\_\_

Intersection: \_\_\_\_\_

Type of Tree: \_\_\_\_\_

Tree Number: \_\_\_\_\_

**TREE CONDITION**

Low Branches

Pest Infestation

Other

Diseased

Visibility Hazard

Street Light or Sign Clearance

Dead

**SERVICE REQUESTED**

Trim

Remove

Inspect/Advise

Plant

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

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

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



**FOR BOROUGH USE ONLY**

Immediate Action

Removal

Pruning

No Action

**Inspection Remarks:**

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

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