



Borough of Oakmont

767 Fifth Street
Oakmont, Pennsylvania 15139
412-828-3232

TREE SERVICE REQUEST

First Name: _____ Last Name: _____

Address: _____ City, State, Zip: _____

Phone: _____ Email: _____

CONTACT INFORMATION

LOCATION OF THE PROBLEM

Street Address: _____ Corner: _____
Intersection: _____ Type of Tree: _____
Tree Number: _____

TREE CONDITION

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

SERVICE REQUESTED

Trim Remove
Inspect/Advise Plant

Signature: _____

Print Name: _____

Date: _____