



Borough of Oakmont

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

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:

Inspected By: _____

Date of
Inspection: _____