

City of Brodhead

Forestry/Native Landscapes Work Request Form

Date of Request: _____ Name: _____

Address: _____ Phone Number: _____

Type of Request:

- Tree Removal (See section A) Tree Planting (See section B)
 Tree Pruning/Trim (See section C) EAB Treatment (See section D)
-

Section A: Tree Removal

Rating

Species of tree: _____ DBH: _____ S _____ H _____
(1 poor – 5 very good)(1 poor – 4 very good)

Reason for request: _____

- Recommended action: Remove tree/stump at city expense
 Remove tree/stump at property owner expense

Property owner signature: _____

Deny request – Reason: _____

- Tree replacement required Tree replacement optional Tree replacement not suitable
-

Section B: Tree Planting

Approximate location: _____

Species requested: _____ Cost: _____

Utilities: Overhead lines: Yes No Gas: Yes No Telephone: Yes No

Cable TV: Yes No Water service: Yes No Sewer service: Yes No

Any other planting concerns: _____

Request Approved - Conditions: _____

Request Denied - Reason: _____

Section C: Tree Pruning/Trim

Rating

Species of tree: _____ DBH: _____ S _____ H _____
(1 poor – 5 very good) (1 poor – 4 very good)

Reason for request: _____

- Recommended action: Prune/Trim tree at city expense
- Prune/Trim tree at property owner expense

Property owner signature: _____

Deny request – Reason: _____

Section D: EAB Treatment: “Adapt an Ash” program.

Location of Ash tree: St/ Ave; _____ N, S, E, W, side: _____

Nearest intersection: _____

Number of feet/ E, W, N, S, from middle of nearest intersection: _____

DBH: _____ Structure rating: _____ Health rating: _____ Location rating: _____
(1 poor – 5 very good) (1 poor – 4 very good) (1 undesirable – 3 very desirable)

I understand that there is no guarantee that EAB treatment will save the tree or that another disease will not kill or affect the health of the tree. I further understand that the tree is on city property and is the property of the city and in the event of construction or repair of utilities, street/sidewalk construction or other unforeseen situations, the city has the right to remove the tree without compensation for treatment that I have paid for or any other monies I have invested in the tree.

Recommendation: Allow Treatment- Signature: _____

Deny treatment-Reason: _____

I understand that requested work that I have agreed to at my expense will be under the complete control of the Brodhead Public Works Department and that the City of Brodhead will bill me when all work is completed to the satisfaction of the Brodhead Public Works Department. If a tree replacement is required or a tree planting requested, I agree to pay the cost of a bare root tree that will be delivered and planted by the Public Works Department. The City of Brodhead makes no guarantees on any requests.

I further understand that the tree is on city property and is the property of the city and in event of construction or repair of utilities, street/sidewalk construction or other unforeseen situations, the city has the right to remove the tree without compensation for any investment I have made in the tree.

Signature of property owner: _____

Date: _____