**REQUEST FOR SHADE TREE TIMMING/REMOVAL**

Date:

Name of Reporter:

Phone Number/Email Address:

Location of Tree (Road Name, Nearest Intersection):

Nature of Problem:

**Please do not write below this line.**

The Tree Warden has determined the above-mentioned tree:

\_\_\_ Does not meet the definition under Massachusetts Law of a “Shade Tree”.

\_\_\_ Does meet the definition of a “Shade Tree”. A Public Hearing will be scheduled for the following date:

Comments:

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Signature of Tree Warden Date