



**GARWOOD SHADE TREE WORK REQUEST FORM**  
**2016**

DATE \_\_\_\_\_ RECEIVED BY \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

LOCATION (if different from address) \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**NOTE: REQUESTS FILED FROM JAN 1, 2016 THROUGH DEC 31, 2016 WILL BE CONSIDERED FOR INCLUSION ON THE 2017 MAINTENANCE CONTRACT.**

WORK REQUESTED/REMARKS \_\_\_\_\_

\_\_\_\_\_

**FOLLOW UP:**

INSPECTION DATE: \_\_\_\_\_ BY: \_\_\_\_\_

CONDITION: \_\_\_\_\_ WIRES: \_\_\_\_\_ REQUEST PUBLIC SERVICE: Y / N

RECOMMENDATION: Removal \_\_\_\_\_ Grind Stump \_\_\_\_\_ Trim/Prune \_\_\_\_\_

Elevate/Clear house \_\_\_\_\_ Remove dead wood \_\_\_\_\_ Thin \_\_\_\_\_

Spray \_\_\_\_\_ Clear wires \_\_\_\_\_ **Tree Size Diameter:** \_\_\_\_\_

Other (specify) \_\_\_\_\_

Work to be done by: \_\_\_\_\_ DPW \_\_\_\_\_ CONTRACTOR \_\_\_\_\_

CIRCLE ONE

REMARKS TO RESIDENT/ADDITIONAL NOTES: \_\_\_\_\_

\_\_\_\_\_

(SEE BACK FOR ADDITIONAL INFORMATION)

*After you have filed your work request:*

*The Inspection will be assigned and conducted soon. A copy of the recommendation will be mailed to you.*

*Sidewalk issues are reviewed and referred to the Borough Engineer, who is responsible for addressing those issues.*

The Department of Public Works can do some work requests for lighter maintenance. When that is the case, those requests can be honored within a short period. In extreme cases, we sometimes declare an emergency and work is done immediately. However work that will be done as part of the Annual Maintenance Contract is awarded annually. ***EXAMPLE: WORK TO BE DONE AS PART OF THE 2016 MAINTENANCE CONTRACT IS BASED ON WORK REQUESTS FILED BETWEEN JANUARY 1, 2015 THROUGH DECEMBER 31, 2015.***

**THEREFORE, ANY WORK REQUESTS FILED BETWEEN JANUARY 1, 2016 AND DECEMBER 31, 2016 WILL BE CONSIDERED FOR INCLUSION ON THE “2017” MAINTENANCE CONTRACT UNLESS THE SHADE TREE DEPARTMENT DEEMS IT AN EMGERENCY.**

*PLEASE CALL THE SHADE TREE DEPARTMENT AT 908-789-0710 IF YOU HAVE ANY QUESTIONS.*

**Copy of completed form mailed to resident on:**

**Signature of Employee:**