

Form Number:

Southampton Township Tree Service Request/Complaint Form

Requestor Information

Date:	
Name:	
Address:	
Phone Number:	
E-Mail Address:	

Tree Information

Nearest Address:	
Nearest Pole #:	
Request or Problem:	

For Official Use Only

Additional Tree Information

Species	DBH	Defect Code(s)	Probability of Failure (1-4 pts)	Size of Defective Parts (1-3 pts)	Probability of Target (1-3 pts)	Other Risk Factors (0-2 pts)	Total Risk Rating (Sum of Points)

Resolution		
Municipal Right-Of-Way Information		
Right-Of-Way of Street:		
Measurement of Tree with Respect to Right-Of-Way of Street:		
Is the tree within a Utility Right of-Way? (Circle)	Yes	No
If it is within a Utility Right-of-Way, which utilities are required? (Atlantic City Electric) (Jersey Central Power & Light) (Public Service Electric & Gas) (American Water) (Pinelands Water) (South Jersey Gas) (Verizon) (Comcast)		
Check Action Taken	Definition	
	Tree Completely Removed	
	Tree Branches Trimmed	
	No Action is Required	
	Outsource Required	
	Forward to Property Owner	
	Forward to Utility Company	
	Forward to Burlington County	
	Forward to Home Owners Association	
	Forward to State of New Jersey	
Additional Information		
Date Tree Work Was Completed:		
Names of Employees Assigned to Job:		
Hours Spent on Job:		
Additional Comments:		

Certification of Findings	
Signature of Community Forester:	
Signature of DPW Supervisor:	