



## SHADE TREE COMPLAINT FORM

### Resident Information

**Date** \_\_\_\_\_

**First Name** \_\_\_\_\_

**Last Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Alt Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

### Tree Information

**Tree Location** \_\_\_\_\_

**Condition**  Dead  Dying  Hazardous  
 Bad Condition  Other \_\_\_\_\_

### Additional Comments

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_