

TREE OR BRANCH REQUEST/NOTIFICATION FORM

Name: _____ Lot # _____ Date: _____

Location of dead tree or tree with dead branches: _____

LLMA Tree Trustee: _____ Date: _____ LLMA VP: _____ Date: _____

Does this tree and/or branch need to be removed: _____ YES _____ NO

In your opinion, does this require a boom truck: _____ YES _____ NO

Can this be handled by park volunteers: _____ YES _____ NO

LLMA BOD 4-2014

TREE INCIDENT REPORTING FORM

Name: _____ Lot # _____ Date: _____

Describe what happened and what damage was sustained: _____

LLMA BOARD SECTION:

Do we need to secure or cover up the property to prevent further damage: _____ Yes _____ No

_____ I need a second opinion.

LLMA Tree Trustee: _____ Date: _____ LLMA VP: _____ Date: _____

President contacted by: _____ Date: _____

Treasurer contacted by: _____ Date: _____

Insurance company contacted by Treasurer: _____ Date _____

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