LEXINGTON TREE TRIM/REMOVAL REQUEST FORM FOR TREES ON VILLAGE PROPERTY ONLY

Customer Name	Phone		
Mailing Address City/State Service Address			
		Please provided a drawing of where the tree is located	below: Tree Tag # (if available)
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	W E		
Please provide any pictures or documentation about the	he tree and attach them to this form.		
Resident Signature:	Date:		
For Office Use Only:			
Findings from Reviewer DPW/Environmental Committe	ee (please circle):		
Determination: Emergency Removal Non-eme	rgency removal Trim No Action		
Reviewer's Signature:	Date:		
Reviewer's Signature:	Date:		