



TOWN OF SOMERS

TREE REQUEST

This form is to be completed by Somers residents who would like to request the evaluation of a tree that is within the public way. Please submit this form to the Somers Public Works Department at 93 Egypt Road, Somers, CT, (860)763-8238 - Phone trolland@somersct.gov

CONTACT INFORMATION

Name: _____ Phone #: _____
Street Address: _____
Email: _____

TREE INFORMATION

Common Name: _____
Specific Location: _____

Removal Reason: _____

I request that the above tree be evaluated for trimming and/or removal. I have **marked the tree** by tying ribbon or tape around it as to make it easily discernable from the other trees in the area.

Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Tree Warden / Deputy Tree Warden, Assessment of Tree Condition: _____

Decision: _____ Approved _____ Denied

Date of Assessment: _____ Staff Initials: _____