



Town of Wappinger

Tree & Branch Removal Request Form

Today's Date: _____

Homeowner's Name: _____

Homeowner's Contact Number: _____

Address: _____

Describe Request:

Including description and location of tree(s)

** For internal use only **

Work assigned to: Buildings & Grounds Highway

Request inspected by: _____ Date of inspection: _____

Comments:

Contractor assigned (if applicable): _____

Contractor contact number: _____

Total Cost (include quote/estimate): _____

Date of completion: _____ Signature: _____

Please forward form to Ksterk@TownofWappingerNY.gov