



*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)*

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*\* 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 [Supervisor@TownofWappingerNY.gov](mailto:Supervisor@TownofWappingerNY.gov)