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 Mwieglos@TownofWappingerNY.gov