

*City of Antigo*  
**Urban Forestry Work Request Form**  
**TREE REMOVAL OR PRUNE**

Date of Request: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Type of Request:**

Tree Removal

Tree Pruning/Trim

Property owner's comments/concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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*The following information is to be completed by City of Antigo Staff*

1. Tree is located in CITY RIGHT OF WAY: Yes  No

**Tree Removal**

Recommended Action:  Tree Removal (in house)  Tree Removal (contracted service)

No Action (list reason): \_\_\_\_\_

\_\_\_\_\_

Does the homeowner want the wood? Yes  No

If **Yes**, the homeowner must complete the *Wood Release and Hold Harmless Agreement*

If **No**, contact next name on the wood list

Does the homeowner want a new tree? Yes  No

If **Yes**, have the homeowner completed a *Planting Request Form*

**Tree Prune**

Trim / Prune (in house)  Trim / Prune (contracted service)

No Action (list reason): \_\_\_\_\_

\_\_\_\_\_

The above information was verified by (City Staff Name): \_\_\_\_\_

Date tree was checked: \_\_\_\_\_ Estimated Date of Removal or Prune: \_\_\_\_\_

Date property owner was made aware of status: \_\_\_\_\_ Staff Name: \_\_\_\_\_

**Final Work Order Information**

Date Work Completed: \_\_\_\_\_ Work Performed:  Prune/Trim  Removal

Crew Names: \_\_\_\_\_ Contractor: \_\_\_\_\_

Time on Job: \_\_\_\_\_ Machinery Used: \_\_\_\_\_