

PLANTING REQUEST

Date of Request: _____

Name: _____

Address: _____

Phone Number: _____ Cell Number: _____

E-mail: _____

Location of tree or planting space (N, S, E or W looking at the front of the house):

Date locates filed with Digger's: _____ Confirmation #: _____
(e-mail a locate with Digger's Hotline or call-in a locate with Digger's Hotline)

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

TREE PLANTING REQUEST

- Planting request location is on City Property Yes No
- Planting request location is below power lines Yes No
(If site is below power lines a small or "line friendly" tree is required for planting)
- Boulevard is a minimum of 5' Yes No
- Proposed planting site is a minimum of 25' from an intersection or alley Yes No
- Planting site is a minimum of 15' from curb box/water shutoffs and underground utilities: Yes No

Staff Comments (is the site a recommended planting site): _____

Recommended tree species for planting: _____

Information was verified by (City Staff Name): _____

Date information was verified: _____

Date property owner was made aware of status: _____ Staff Name: _____

Final Work Order Information

Date: _____

Work Performed: Planting

Crew Names: _____ Contractor: _____

Time on Job: _____ Machinery Used: _____