



Public Works, Forestry & Landscape Division

Street Tree Service Request Form (951) 826-5311

SERVICE REQUESTED:

Tree Removal _____

Tree Trimming _____ **x** _____

Tree Planting _____

Other _____

REQUESTOR INFORMATION:

Name _____ Signature _____

Address _____ Zip _____ Telephone Number _____

Commercial Property _____ Owner _____ **x** _____

Residential Property _____ **x** _____ Renter _____

(Requestor- Please sign on the Signature Line)

Please return this form with your payment to Public Works Department, Forestry & Landscape Division @ 8095 Lincoln Avenue, Riverside, CA. 92504 or Mail to the same address. Make checks payable to: City of Riverside. Once payment is received, the work will be scheduled & completed within 15 business days.

(This portion for City Use Only)

Date: _____

DISPOSITION

INSPECTOR'S RECOMMENDATION:

COST

INSPECTOR'S RECOMMENDATION:	DISPOSITION			COST
_____ Removal	Species	Quantity	DBH	_____
x _____ Trimming	Species	Quantity		_____
_____ Planting	Species	Quantity	Size	_____
_____ Line Clearance	Species	Quantity		_____
_____ Other				_____
	TOTAL			_____

Comments: _____

Submitted by: _____

WORK ORDER # _____

Approved by: _____