CITY OF CAMDEN - Shade Tree Check Request Form (revised 2014)

Please mail form to: Liz Gilland, Public Works Dept., POB 7002, Camden, SC 29021

Date of Request: ___________________________ Contact Phone #: ___________________________

Name of Requestor: ___________________________

Address of TREE location: ___________________________

Public tree? YES NO Don’t know

Does caller live at address? YES NO Not applicable

Name & phone # of person(s) living at address, if different from above: ___________________________

Reason for Request (please circle all that apply):

625 root/sidewalk conflict 630 dead tree
626 limb/bldg conflict 631 dead wood in canopy
627 Insect/disease problem 632 Check ROW for ownership
628 Yard/landscape improvements 633 Stump grinding
629 broken/hanging limbs 634 Dying tree
635 Other ___________________________

Date/time checked: ___________________________ Inspector: ___________________________

City ROW: ___________________________ SCDOT ROW: ___________________________

Notes: ___________________________________________

__________________________________________

__________________________________________

__________________________________________

__________________________________________

Action needed: Reinspect ________ weeks ________ months

WO Removal WO Pruning None

Other: ___________________________ Dept. Assngd: ___________________________