

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 _____ | | |

Please do not fill in the blanks below. For City of Camden staff to complete.

Date/time checked: _____ Inspector: _____

City ROW: _____ SCDOT ROW: _____

Notes:

Action needed: Reinspect _____ weeks _____ months
WO Removal WO Pruning None
Other: _____ Dept. Assngd: _____