Shade Tree Maintenance Request Form

Contact Information

Name:

_____

Address:

_____

Phone Number:

_____

Email Address:

_____

Tree Location

Street Address or Nearest Intersection:

_____

Is the tree located on (check one):

[ ] Public Right-of-Way (e.g., sidewalk strip)

[ ] Park or Municipal Property

[ ] Unsure

Description of Issue

Please check all that apply:

[ ] Broken or hanging limb(s)

[ ] Tree appears dead or dying

[ ] Tree obstructing sidewalk, roadway, or signage

[ ] Root damage (e.g., sidewalk lifting)

[ ] Insect/disease concern

[ ] Request for pruning

[ ] Other (please describe):

Additional Details or Comments:

_____

_____

_____

Photo Submission

Please print or email photo(s) of the tree or issue to manager@millersburgpa.org. Include the tree location and your name so we can match your photo to this request form.

Acknowledgment

[ ] I understand that submission of this form does not guarantee immediate action and that the tree will be inspected and prioritized based on municipal guidelines.

Signature: _____ Date: _____

Submit completed form to:
101 West Street, Millersburg, PA 17061 (after hours drop box available)

Or email to manager@millersburgpa.org