



Forestry Request Form

Name: _____

Date: _____

Address: _____

Phone Number: _____ Email: _____

Please select the service you are requesting:

Tree Removal

Tree Trimming

Stump Removal

Number of trees: _____

Number of stumps: _____

Type of tree/s (if known): _____

Please describe the location of the tree/s and or stump:

Please describe what is wrong with the tree/s:

Office use only

PURCHASE ORDER

PARKS, RECREATION & FORESTRY DEPARTMENT

CITY OF CHIPPEWA FALLS

30 W Central Street

Chippewa Falls, Wisconsin 54729

TO:

Account #:

Ordered by:

TOTAL =