

# New Britain Parks and Recreation

## Fallen Tree Report

Date:

From: City of New Britain-Forestry Division

Name of Complainant:

Address of Complainant:

Telephone:

Address/Location of tree (if different):

Report of

Complaint:

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Action Taken:

Tree Looked at on Date: \_\_\_\_\_

Talked to Complainant on Date: \_\_\_\_\_

Telephoned Complainant on Date: \_\_\_\_\_

Did not Make Contact With Resident \_\_\_\_\_

Copy of Report Left on Date: \_\_\_\_\_

Recommendations by Arborist:

To Remove Tree

To Trim Tree

To Spray Tree

To Remove Live Tree

Tree Condition Report

Alive

Dead

Condition (E-G-F-P)

Needs Work

Remarks:

Work Scheduled:

Work completed:

