



ACTION REQUEST FORM

Today's Date

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Name of Property Owner

Street Address

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Block Number/ Lot Number

Phone Number

Email Address

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Type of Tree (If known)

Location on lot (if looking at the front of Residence)

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What type of service do you require?

Trimming Removal Stump Removal New Tree

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Please detail the reason for your request.

*Note: If you are submitting this request due to a letter from your insurance company, The Sewerage Authority, or a plumber, a copy of the letter or report must accompany this request.

FOR COMMISSION USE ONLY

Date Received

Date Assigned

Commissioner Assigned

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Date Action Taken

Recommendation

Referred to Public Works

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Please return this form to the Township Building or send it via email to DelancoShadeTree@aol.com. Your request will be assigned at the next regular meeting after which it was received. The Shade Tree Commission meets on the fourth Wednesday of each month (January through October) at the Township Building. Meetings begin at 7PM and are open to the public. You may contact the Commission through the Township Website, by phone at 856-461-0561, or email DelancoShadeTree@aol.com.