



Borough of Bound Brook Shade Tree Commission
Shade Tree Inspection Request



Date of Request _____

Resident's Name _____

Address _____

Telephone _____

Location of tree on property: _____

Resident believes that a tree at the above address may be:

ill _____ blocks sign, light _____ dead _____

other (explain) _____

Resident believes tree may require:

pruning _____ removal _____ other _____

Shade Tree Commission Inspection Report

Date Inspected: _____ Inspected by: _____

Findings of Inspection: _____

Action to be taken: _____

Action taken by Bound Brook Department of Public Works:

Date: _____ Removed tree Pruned tree Removed stump

Comments: _____