

LAKESHORE

COMMUNITY ASSOCIATION

Lakeshorecommunityhoa.com

Date _____

LAKESHORE TREE REQUEST

Name _____ Phone _____

Address _____ Email _____

What tree? Species, Number (Metal Tag located on tree), Size and Location on Property: _____

Problem (In Detail)

- _____ Broken Limb
- _____ Roots Causing Damage Describe: _____
- _____ Limb Overhanging Roof
- _____ Dangerous Leaning
- _____ Other Describe: _____

Is this an emergency? If so please describe: _____

Neighbors Affected : How?

Name and Address Signature

Name and Address Signature

Committee Member Response Date Inspected _____

Action To Be Taken/Anticipated date: _____

Completed:
Action Taken: _____

Date _____ Signature: _____