

TOWN OF KENNEBUNKPORT
Request for Services Form – Shade Trees

Complainant Information:

Form Completed By: _____

Name: _____ Date/Time of Notification: _____

Address: _____

Email: _____

Telephone: (Home) _____ (Other) _____ Fax: _____

Type of complaint or request (check one):

Tree Warden:

- ☐ Tree Removal
☐ Damaged Tree
☐ Other - Explain: _____

Other:

☐ Other - Explain: _____

Location of Problem: _____

Complaint Forwarded to: _____ Date: _____

Responding Municipal Officer: _____

Date Investigated: _____

Description and Date of Resolution: _____

Resolution Complete/Case Closed (Date): _____

Municipal Officer (Signature): _____