



Tree Check Request Form

Please return form to:
Parks & Streets Department
Attn: Asst. City Manager Caitlin Young
1000 Lyttleton St.
Camden, SC 29020
cyoung@camdensc.org

Date of Request: _____

Name of Requestor: _____

Contact Phone Number: _____

Address of tree location: _____

Is this tree on public or private property? Public Private Don't know

Name & phone # of person(s) living at address, if different from above:

Reason for Request (please circle all that apply):

- | | | | |
|-----|-----------------------------|-----|-------------------------|
| 625 | root/sidewalk conflict | 630 | dead tree |
| 626 | limb/bldg conflict | 631 | dead wood in canopy |
| 627 | Insect/disease problem | 632 | Check ROW for ownership |
| 628 | Yard/landscape improvements | 633 | Stump grinding |
| 629 | broken/hanging limbs | 634 | Dying tree |
| 635 | Other _____ | | |

Please do not fill in the blanks below. For City of Camden staff to complete.

Date/time checked: _____ Inspector: _____

City ROW: _____ SCDOT ROW: _____

Notes:

Action needed: Reinspect _____ weeks _____ months
WO Removal _____ WO Pruning _____ None

Other: _____ Dept. Assigned: _____