

FOR  
RESIDENT USE



*City of Quincy*  
**PARK**  
**DEPARTMENT**

## TREE CARE REQUEST FORM

NAME:

PHONE:

ADDRESS:

WARD:

ADDRESS / LOCATION OF TREE IF DIFFERENT FROM ABOVE:

EMAIL:

DESCRIPTION OF TREE CARE NEEDS / WORK REQUESTED

KINDLY RETURN THIS FORM VIA EMAIL TO [kpowers@quincyma.gov](mailto:kpowers@quincyma.gov) or  
RETURN FAX TO (617) 376-1259. THANK YOU