City of Placentia, Department of Public Works

PUBLIC RIGHT-OF-WAY SERVICE REQUEST

NAME (please print): Mr. / Ms.	I AM THE: ☐ OWNER ☐ RENTER
ADDRESS:	EMAIL ADDRESS:
PRIMARY PHONE #:	OTHER PHONE #:
Preferred method of contact: ☐ U.S. Mail ☐ Email	DATE:
Requestor's signature:_____	

REQUEST

TREES (Please check box)

☐ TRIMMING*

☐ REMOVAL*

☐ REPLACEMENT TREE

☐ OTHER_____

_____

SIDEWALKS

☐ INSPECTION_____

_____

_____

TREE LOCATION:

☐ FRONT RIGHT OF WAY ☐ SIDE RIGHT OF WAY

***Please note that if both "Trimming" and "Removal" boxes are checked, quote provided will be for removal only.**

THIS AREA FOR OFFICE USE ONLY

☐ R.O.W. request received by maintenance yard on_____

☐ R.O.W. request sent for site inspection & pictures on_____

☐ Site inspected on _____by_____

☐ Request approved on _____by_____

Amount due_____

☐ Request denied on _____by_____due to _____

_____

☐ Written response sent on_____ via: ☐ U.S. Mail (attach copy)

☐ Email (attach copy)

Service Request # _____