



Utility Company:	
Contact Person:	Phone:
Address:	
City, State, Zip:	
Name of Contractor:	
Contact Person:	Phone:
Address:	
City, State, Zip:	

Location(s) of tree(s) to be trimmed:
Purpose of Trimming to be done:
Type of trimming to be performed:

Permit reviewed by:	Date:
Permit approved by:	Date:
Permit Number	Date Issued:
Trimming Started:	Trimming Completed:
Inspector Assigned:	Employee ID #:
Comments:	