

ROUTE	SECTION	COUNTY	TOTAL SHEETS	SHEET NUMBER
VARIOUS	2005-052DTR	VARIOUS	4	3

CONTRACT 60A30

ID: _____

DEAD AND DISEASED TREE REMOVAL REQUEST

REQUESTED BY: _____ DATE OF REQUEST: _____

YARD: _____ TELEPHONE: () _____

(Please complete information when request for tree removal is from outside the Bureau of Maintenance)

NAME: _____

ADDRESS: _____

TELEPHONE: () _____

LOCATION OF DEAD/DISEASED TREE(S)
(Please fill out completely to expedite locating the repair)

COUNTY: _____ TOWN/CITY: _____

MARKED/NAMED ROUTE: _____

DIRECTIONS FROM NEAREST MAJOR CROSS ROAD OR MAJOR LANDMARK: _____

SIDE OF ROADWAY: _____

ADDITIONAL DIRECTIONS TO TREE: _____

PLEASE INDICATE APPROXIMATE SIZE AND NUMBER OF TREES BASED ON VISUAL ESTIMATE

COMMENTS: _____
(Size/Number)

OFFICE USE ONLY

DATE INSPECTED: _____ TYPE OF REMOVAL: _____

DTR #: _____

CONTRACT #: _____

WORK ORDER #: _____ NOTES: _____

POSTED IN SUMMARY: _____

RETURN REQUESTS TO CONTRACTS SECTION

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10-28-98

ILLINOIS DEPARTMENT OF TRANSPORTATION

DEAD AND DISEASED TREE REMOVAL

SAMPLE WORK ORDER