SP II HOMEOWNERS ASSOCIATION

TREE MAINTENANCE REQUEST

NAME _____ **WORK PHONE** _____

ADDRESS _____ **HOME PHONE** _____

DATE _____

Provide location and description of the trees that need pruning or removal.

_____

_____

_____

_____

_____

REAR

HOUSE

_____

Address

FRONT

PLEASE RETURN YOUR REQUEST TO: **BARBARA ORVIK**
ACCORD MANAGEMENT

S:\SP II\Forms\TreeMntncForm.doc

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barbara@accord-mgt.com