

Tree or Branch request/notification form

Name _____ Lot # _____ Date _____

Location of dead tree and or tree with dead branches:

Initial of LLMA Board member _____ Date _____ position _____

Does this tree and or branch need to be removed _____ Yes _____ No

In your opinion, does this require a boom truck _____ Yes _____ No

Incident Reporting Form

Name _____ Lot # _____ Date _____

In your description, what happened and what damage was sustained?

LLMA Board section:

Initial of LLMA Board member _____ Date _____ position _____

Do we need to secure or cover up the property to prevent further damage?

_____ Yes _____ No _____ I need a second opinion

Contact the vice president for verification

Contact the President and report this incident

Contact the secretary to inform the insurance company