



VILLAGE OF SAGAPONACK

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631-537-0017 631-537-0612 (FAX)

TREE COMMITTEE QUERY SHEET

DATE: _____

Name of Person Completing Form: _____

Contact Information of Person Completing Form:

Phone/Cell NO: _____ Email: _____

Location of Tree/Bush

Description of Tree/Bush

Concern/Problem/Issue with Tree/Bush

FOR OFFICE USE ONLY

Reviewed By: _____ Date: _____

Action Required: _____

