



BARGERSVILLE UTILITIES

P.O. Box 420

Office: 317-422-5115

Bargersville, IN 46106

Fax: 317-422-5117 or -3743

www.townofbargersville.org

CONSENT FOR TREE TRIM OR REMOVAL

ALL INFORMATION MUST BE COMPLETED

*CUSTOMER: Please complete this form, sign, date and return to the utility office.
Thank you.*

Date: _____

Please type or print:

Customer Name(s): _____

Street Address: _____

City, State Zip: _____

Home Phone #: _____

Work Phone #: _____

Type of tree and location:

Please give a drawing as to location of the tree on the property:

Customer Signature

Date

Customer Signature

Date

Note: Information on your Rights and Responsibilities are available online at http://www.townofbargersville.org/Utility_Forms.htm and clicking on the Rights and Responsibilities pamphlet link, and/or upon request.

OFFICE USE ONLY:

Completed by: _____

Date: _____

Work Order #: _____