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| --- | --- |
| **Priority:**  1  2  3 | **Work order #** (office use): |

|  |  |  |
| --- | --- | --- |
| Assessor: | Phone: | Date: |

|  |  |
| --- | --- |
| **PROPERTY OWNER INFORMATION** | |
| Name: | Phone: |
| Address: | |

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| **TEAM SKILLS REQUIRED** |
| Ground only  Climbers  Roofs & ladders  Rigging |
| Other: |

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| --- |
| **HEAVY EQUIPMENT NEEDED** |
| Skid steer  Man lift Other: |

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| --- |
| **HAZARDS** |
| Electrical: |
| Other: |

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| --- | --- | --- |
| **WORK DESCRIPTION** | | |
| Downed trees that prevent reestablishment of power to the property | | |
| Trees / limbs blocking entrance to the house or driveway | | |
| Trees on house | Roof punctured | |
| Damaged trees that should be taken down | No: | Estimated max. diameter: |
| Trees/limbs near house, preventing repairs | No: | Estimated max. diameter: |
| Trees/limbs on out-building | No: | Estimated max. diameter: |
| Trees/limbs in front yard, cut & remove | No: | Estimated max. diameter: |
| Trees/limbs in back/side yard, cut & remove | No: | Estimated max. diameter: |
| Hangers (unable to access from ground) | | |
| Location to stack cut trees and brush: | | |
| **Special instructions / assessor’s comments** (Notes) | | |
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**Assessor instructions:**

1. Determine priority based on special needs of owner and work requested. (See Property Owner Request for Assistance and Assessment – Priorities documents.)
2. Complete Assessment – Property Area form and attach to Assessment – Chainsaw form.