	Refere	No.: BatStateU-	FO-EMU-14	Effectivity Date:			Revision No.: 00			
Title:	TREE PRUNING/CUTTING REQUEST FORM (TCPRF)									
Date:					Control No.: TC			PRF-20		
CLIENT AND TREE INFORMATION										
Name:					Campus:					
Contact No.:				Office/Unit:						
Details of Request: Number and 1 2			1 2	Name of Tree:			Number 1. 2.	Cutting mber and Name of Tree: 1 2		
			3				3			
Reason for			al Hazard			Periodic Maintenance				
Pruning/Cutting:			☐ Falling-object Hazard				Otl	others (pls. specify)		
Required Attachment/s: Picture/s of the trees to be cut/trimmed										
Requested by:				Attended by:			Reviewed and		Approved by:	
NAME				Ms. SARAH JANE C. FRA						
Position				Admin Aide VI, EMU			Director, EMU			
Date:				Date:				Date:		
SALL NO.	Referei	nce I	No.: BatStateU-	FO-EMU-14 Effectivity Date:			ate:	Revision No.: 00		
Title:		TREE PRUNING/CUTTING REQUEST FORM (TCPRF)								
Date:				Control No.: TO			TCI	PRF-20		
CLIENT AND TREE INFORMATION										
Name:				Campus:						
Contact No.:				Office/Unit:						
Details of Request: Number ar 1 2			1 2	Name of Tree:		Number 1. 2.	Cutting Number and Name of Tree: 1 2 3			
☐ Electr			☐ Electrica	al Hazard			Periodic Maintenance			
Reason for Pruning/Cutting:		☐ Falling-object Hazard				Ot	Others (pls. specify)			
Required Attachment/s: Picture/s of the trees to be cut/trimmed										
Requested by:				Attended by:		Reviewed and Approved b		Approved by:		
NAME Position				Ms. SARAH JANE C. FRAGADA			ADA	Engr. DIOSA MARIE M. AGUILA Director, EMU		
Date:				Admin Aide VI, EMU Date:				Date:		