

	Reference No.: BatStateU-FO-EMU-14	Effectivity Date:	Revision No.: 00
Title:	TREE PRUNING/CUTTING REQUEST FORM (TCPRF)		
Date:		Control No.:	TCPRF-20__-____
CLIENT AND TREE INFORMATION			
Name:		Campus:	
Contact No.:		Office/Unit:	
Details of Request:	<input type="checkbox"/> Pruning Number and Name of Tree: 1. _____ 2. _____ 3. _____	<input type="checkbox"/> Cutting Number and Name of Tree: 1. _____ 2. _____ 3. _____	
	<input type="checkbox"/> Electrical Hazard <input type="checkbox"/> Falling-object Hazard	<input type="checkbox"/> Periodic Maintenance <input type="checkbox"/> Others (pls. specify) _____	
Required Attachment/s: Picture/s of the trees to be cut/trimmed			
Requested by: NAME Position Date:	Attended by: Ms. SARAH JANE C. FRAGADA Admin Aide VI, EMU Date:	Reviewed and Approved by: Engr. DIOSA MARIE M. AGUILA Director, EMU Date:	

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