

Parks Forestry Assessments - 2020

#	Certified Letter Sent	Compliance Inspection	Date Removed or Invoiced to City	Issue #	Location	Parcel #	Owner Name	Work Performed	Proposed Assessment
1	6/28/2019	8/30/2019	9/14/2019	9260	1201 N Water St.	000-064-060	Bennett K. LaChappelle	remove boxelder	2820.00
2	6/28/2019	1/17/2020	4/27/2020	9263	1329 S 13th St.	000-328-150	Kayla J. Kintopf	remove boxelder finished removal of dead ash trees that was started by contractor - removed limbs from wires & logs, etc.	5940.00
3	10/14/2019	4/17/2020	4/17/2020	9758	1114 S 12th St.	000-289-081	Gema Garcia		300.00
									<b>\$9,060.00</b>

The City of Manitowoc Municipal Tree Commission recommends charging the above assessments.

Date: 9-8-2020

Signatures:

Clem Pfeffer  
A. Schen  
Todd Holsbach via Zoom/RR

# Parks Forestry Service Request Form



Issue #9260 Date to re-check: 7/29/19

Request Date: 6/28/2019 12:00:00 AM	Initial inspection date: 6/28/19
Location: 1201 N WATER ST	Inspector: AI
Parcel Number: 000064060	Public: _____ Private: <u>x</u>
Owner Name: LA CHAPPELLE BENNETT K	Action (choose one): Completed by owner Date owner contacted: 6/28/19
Owner Address: 3484 IRISH TR , WI 54235	Form of contact completed: Door hanger Phone E-mail <u>Letter</u>
E-mail Address:	

**Complaint:** Email from AI, "Please send a 30 day notice to abate a large overgrown Boxelder tree that is pinching a gas line against the house, tree also has a heavy lean toward the neighboring home. Property owner shall remove the entire tree."

Tree ID: \_\_\_\_\_ Category: \_\_\_\_\_ Circle: *No Action · Remove · Trim* Trim date: \_\_\_\_\_ Remove date: \_\_\_\_\_

Tree ID: \_\_\_\_\_ Category: \_\_\_\_\_ Circle: *No Action · Remove · Trim* Trim date: \_\_\_\_\_ Remove date: \_\_\_\_\_

Species: Boxelder DBH: \_\_\_\_\_

Condition of tree: poor Wires present: yes

Notes & job site assessment: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Private property owner to get 30 days from date of letter to comply. Send stump letter? \_\_\_\_\_*

COMPLY INSP DATE	EMP INITIALS	COMPLIANCE YES OR NO	LABORER NAME	LABOR HRS	EQUIP #	EQUIP HRS	DATE BILLED	MINIMUM CHARGE	ADDITIONAL CHARGES
8-30-19	AR	no	ArborTech					<del>\$2,400.00</del>	

*Return doorhanger or form to DPI within 21 days of initial visit/action so notes can be recorded in Code & Contact. Return form again when issue complete.*

*\$2820 total  
 \$300 + (2100 x 1.2%)*











# Parks Forestry Service Request Form



Issue #9758 Date to re-check: 11-15-2019

Request Date: 10/14/2019 12:00:00 AM	Initial inspection date: 09-27-2019
Location: 1114 S 12TH ST	Inspector: AL R.
Parcel Number: 000289081	Public: _____ Private: <u>X</u>
Owner Name: GEMA GARCIA	Action (choose one): Completed by owner Date owner contacted: 10-14-2019
Owner Address: 2353 SAMANTHA ST , WI 54115	Form of contact completed: Door hanger Phone E-mail <u>Letter</u>
E-mail Address:	

**Complaint:** Please send a 30 day notice to abate 2 dead Ash trees located @ 1114 S 12th St. Owner shall do a complete removal of both trees.

Tree ID: \_\_\_\_\_ Category: \_\_\_\_\_ Circle: *No Action · Remove · Trim* Trim date: \_\_\_\_\_ Remove date: \_\_\_\_\_

Tree ID: \_\_\_\_\_ Category: \_\_\_\_\_ Circle: *No Action · Remove · Trim* Trim date: \_\_\_\_\_ Remove date: \_\_\_\_\_

Species: \_\_\_\_\_ DBH: \_\_\_\_\_

Condition of tree: \_\_\_\_\_ Wires present: \_\_\_\_\_

Notes & job site assessment: \_\_\_\_\_

*Private property owner to get 30 days from date of letter to comply. Send stump letter? \_\_\_\_\_*

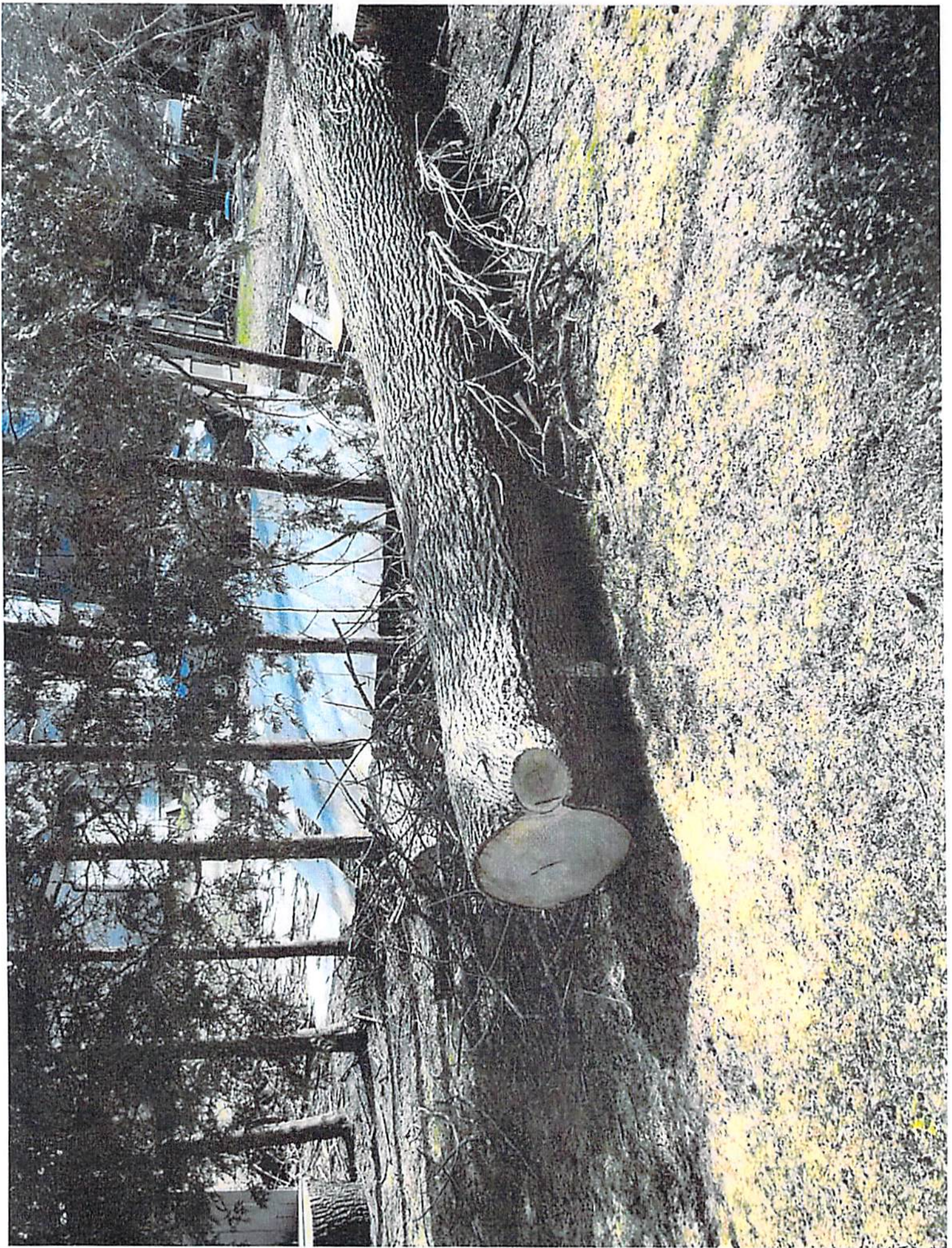
COMPLY INSP DATE	EMP INITIALS	COMPLIANCE YES OR NO	LABORER NAME	LABOR HRS	EQUIP #	EQUIP HRS	DATE BILLED	MINIMUM CHARGE	ADDITIONAL CHARGES
4/17/20	A.R.	NO		1 1/2				\$300	

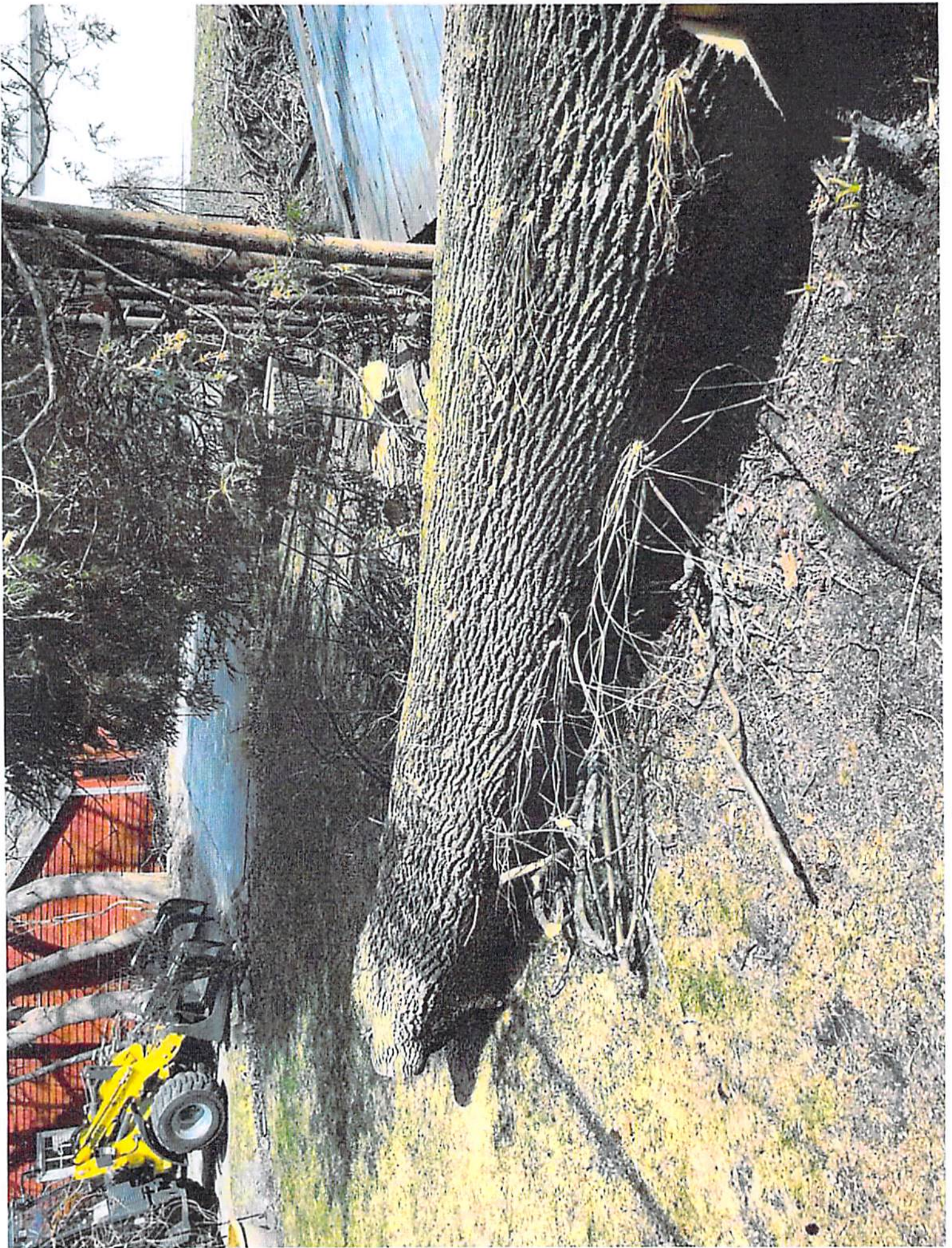
*Return doorhanger or form to DPI within 21 days of initial visit/action so notes can be recorded in Code & Contact. Return form again when issue complete.*











# Parks Forestry Service Request Form



Issue #9263 Date to re-check: 07/29/19

Request Date: 6/28/2019 12:00:00 AM	Initial inspection date: 06/28/19
Location: 1329 S 13TH ST	Inspector: AI
Parcel Number: 000328150	Public: _____ Private: X
Owner Name: KINTOPF KAYLA J	Action (choose one): Completed by owner Date owner contacted: 6/28/19
Owner Address: 1329 S 13TH ST , WI 54220	Form of contact completed: Door hanger <input type="checkbox"/> Phone <input type="checkbox"/> E-mail <input type="checkbox"/> <b>Letter</b> <input checked="" type="checkbox"/>
E-mail Address:	

**Complaint:** Per AI's email "Please send a 30 day notice to abate a dead private tree (Boxelder) in the backyard @ 1329 S. 13th St. I shall send you pics when I can. Thank you."

Tree ID: \_\_\_\_\_ Category: \_\_\_\_\_ Circle: *No Action* · Remove · Trim Trim date: \_\_\_\_\_ Remove date: \_\_\_\_\_

Tree ID: \_\_\_\_\_ Category: \_\_\_\_\_ Circle: *No Action* · Remove · Trim Trim date: \_\_\_\_\_ Remove date: \_\_\_\_\_

Species: \_\_\_\_\_ DBH: \_\_\_\_\_

Condition of tree: \_\_\_\_\_ Wires present: \_\_\_\_\_

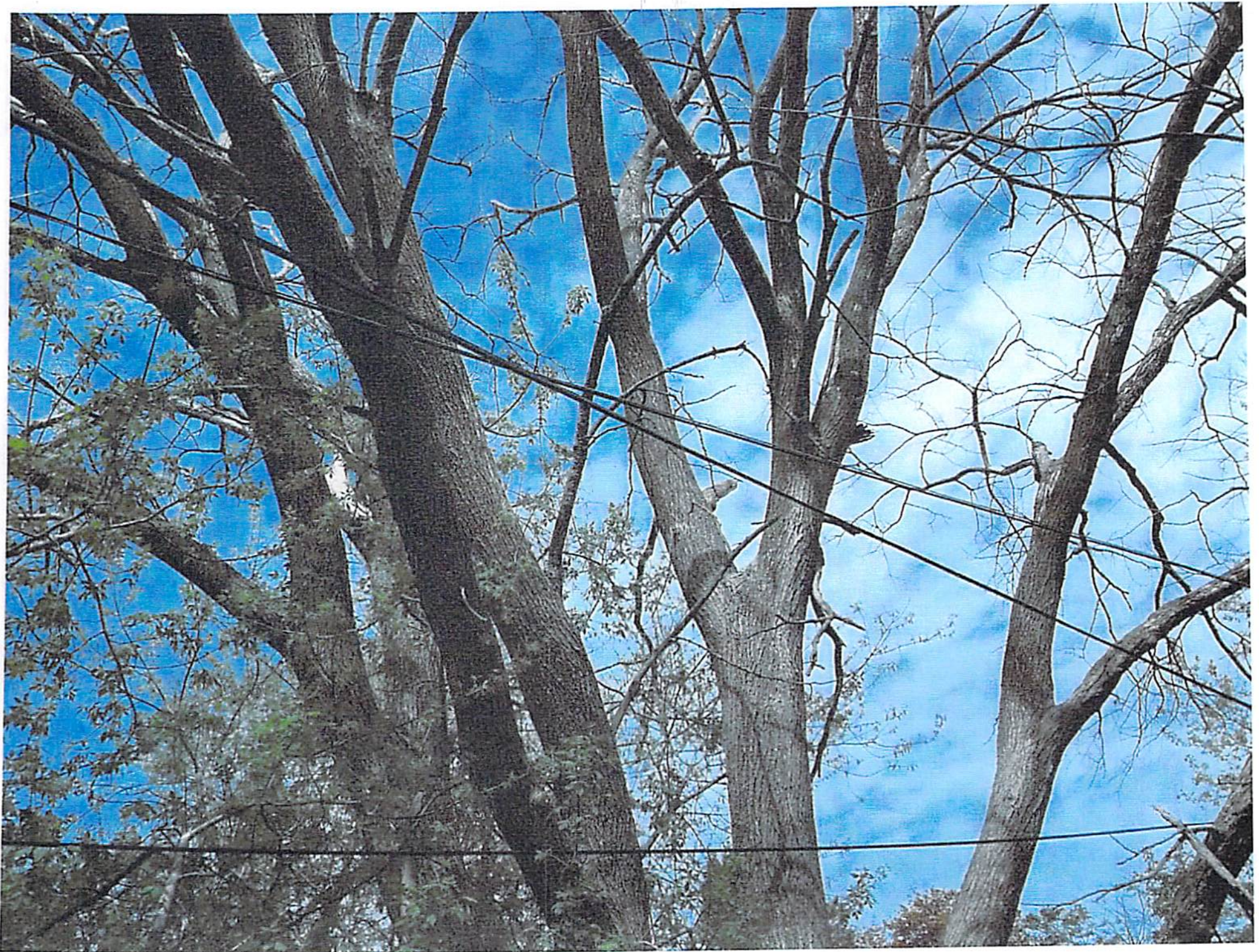
Notes & job site assessment: Dead elm in the backyard

Private property owner to get 30 days from date of letter to comply. Send stump letter? \_\_\_\_\_

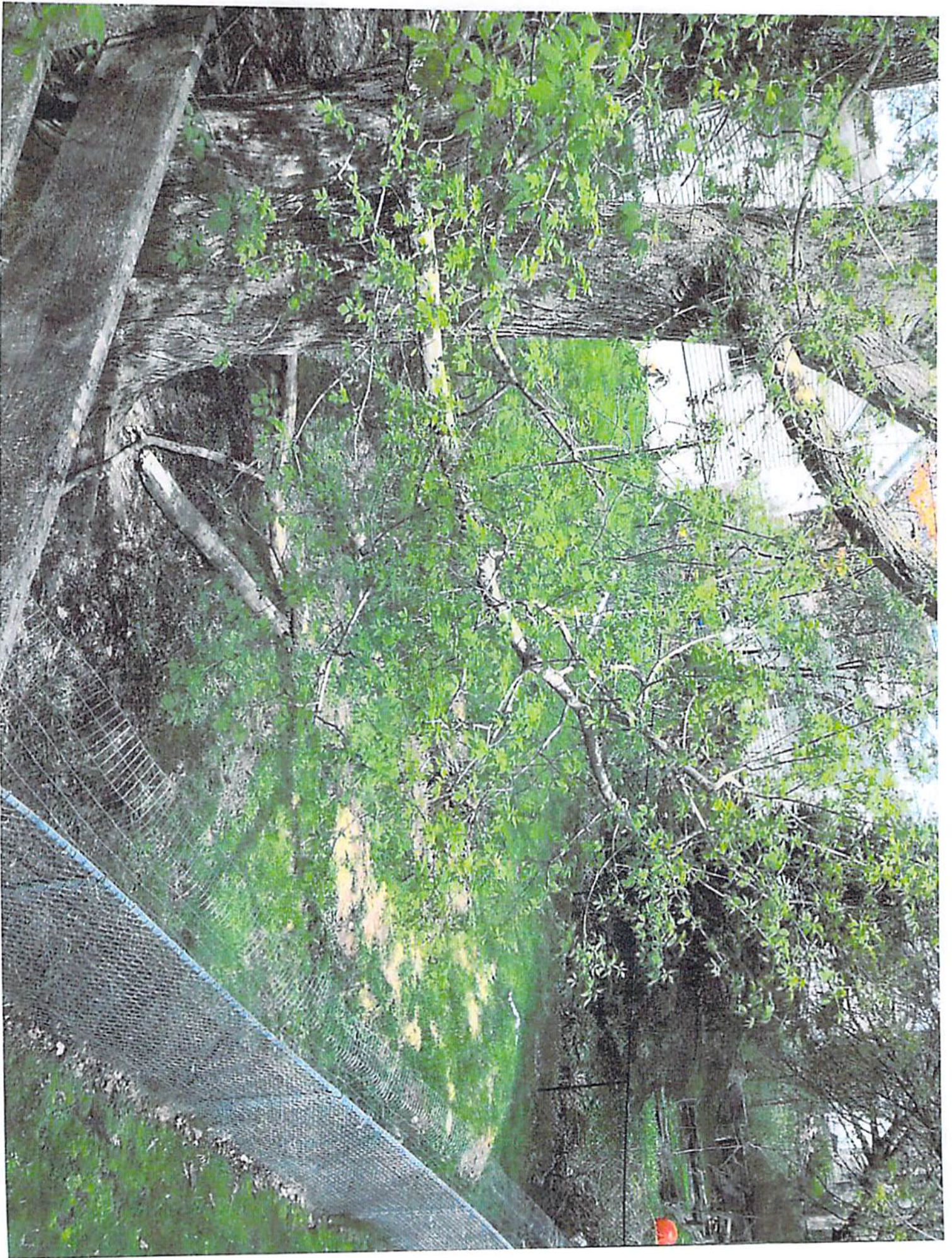
COMPLY INSP DATE	EMP INITIALS	COMPLIANCE YES OR NO	LABORER NAME	LABOR HRS	EQUIP #	EQUIP HRS	DATE BILLED	MINIMUM CHARGE	ADDITIONAL CHARGES
1/27/2020	A.R.	No	ArboTech					\$300	\$5640

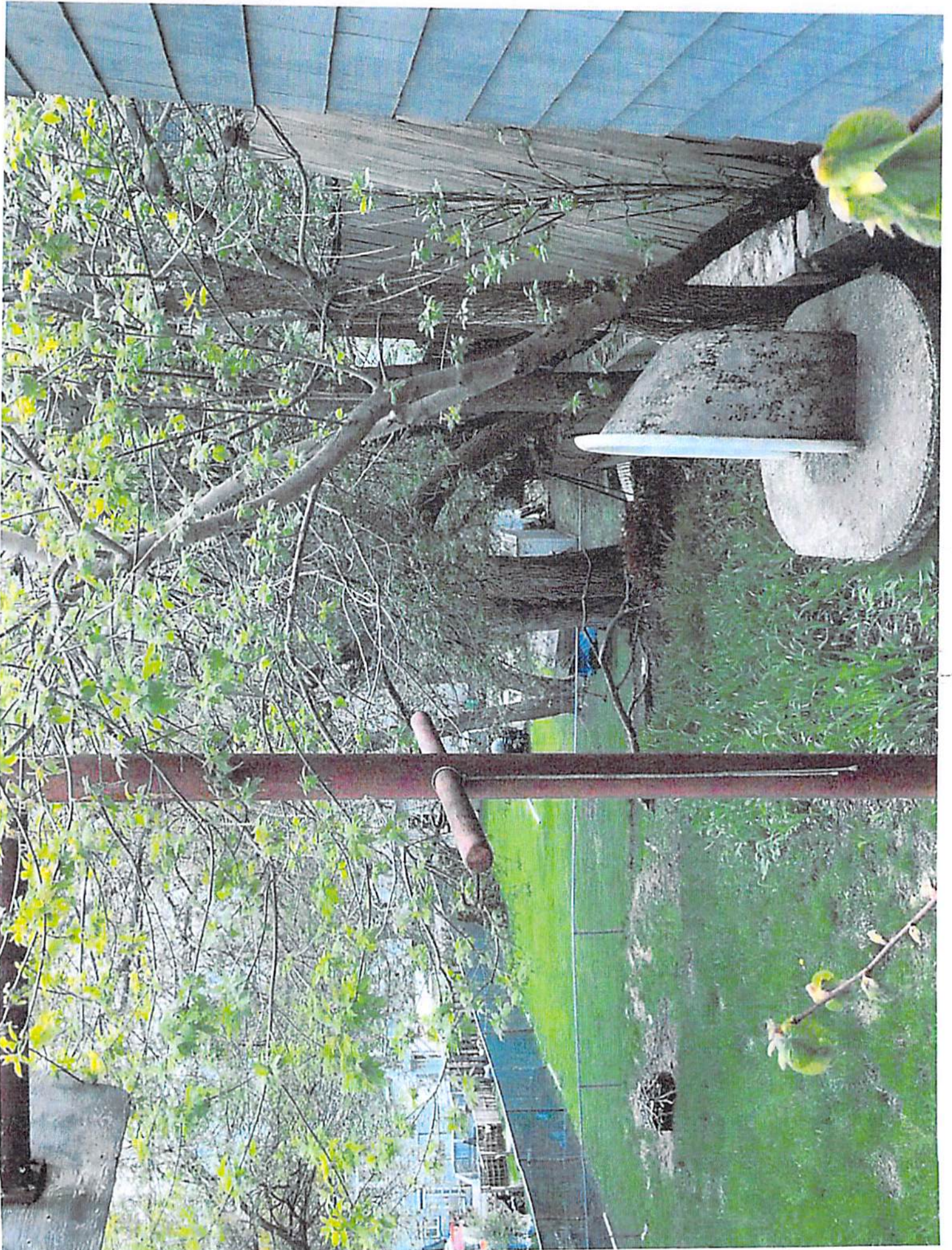
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\$5940 total











# Parks Forestry Service Request Form



Issue #9758 Date to re-check: 11-15-2019

Request Date: 10/14/2019 12:00:00 AM	Initial inspection date: 09-27-2019
Location: 1114 S 12TH ST	Inspector: AL R.
Parcel Number: 000289081	Public: _____ Private: <u>X</u>
Owner Name: GEMA GARCIA	Action (choose one): Completed by owner Date owner contacted: 10-14-2019
Owner Address: 2353 SAMANTHA ST , WI 54115	Form of contact completed: Door hanger Phone E-mail <u>Letter</u>
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Species: \_\_\_\_\_ DBH: \_\_\_\_\_

Condition of tree: \_\_\_\_\_ Wires present: \_\_\_\_\_

Notes & job site assessment: \_\_\_\_\_

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*Private property owner to get 30 days from date of letter to comply. Send stump letter? \_\_\_\_\_*

COMPLY INSP DATE	EMP INITIALS	COMPLIANCE YES OR NO	LABORER NAME	LABOR HRS	EQUIP #	EQUIP HRS	DATE BILLED	MINIMUM CHARGE	ADDITIONAL CHARGES
4/17/20	A.R.	NO		1 1/2				\$300	

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