REPORTING A TREE COMPLAINT FORM

To: MD Forest Service		
Date: From: □ Mr. □ Mrs. □ Ms.		
Mailing Address, including town & zin code:		
Mailing Address, including town & zip code: County: Phone #s: home:	; work:	; cell:
Email:		
Type of complaint: □ a licensed tree expert; □ unlicensed tree	e work; roadside tree vio	olation; forest product operator
Complaint Against:		
\square Mr. \square Mrs. \square Ms. $_$; Company Na	me:
Address (if known):		
Phone #/Email#:		
Truck tag # (if known):	State:	
Address of where complaint occurred: County:		
Attachments (copies) check all that apply □ business card; □ pictures; □ other: □ □ I AM willing to be a witness in co	urt. 🗆 I <u>AM NO</u>	<u>T</u> willing to be a witness in court.
☐ I <u>DO NOT</u> want my name used on	the Natural Resources Poli	ce incident report.
Signature:Print name:	Signature	: ne:
Be advised that incomplete information and/or	a lack of witnesses may effect I	ONR's ability to investigate this complaint.
Mail this form and the attachments to:	(do not email this informati	ion)
Chip Broadwater MD Forest Service		

Chip Broadwater
MD Forest Service
Tree Complaints
580 Taylor Ave E-1
Annapolis, MD 21401
410-260-8517