

Concern No. \_\_\_\_\_  
Date \_\_\_\_\_

# The Shade Tree Commission

11 Lafayette Street  
P.O. Box 1994  
Saint Marys, PA 15857

of the  
City of Saint Marys

(814) 781-1718  
FAX (814) 834-1304

## Concern Form

Nature of Concern: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location of Concern: \_\_\_\_\_  
Additional Info on Location: \_\_\_\_\_  
\_\_\_\_\_

Property Owner(s): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Name of Person Filing Concern: \_\_\_\_\_  
\_\_\_\_\_

Is the concern on your property? \_\_\_\_\_ Yes \_\_\_\_\_ No

You will be contacted by a representative of the Shade Tree Commission about this concern within fifteen (15) days. You will receive a response relative to your concern as it relates to matters that are the responsibility of the City of Saint Marys Shade Tree Commission.

Contact Date by Shade Tree \_\_\_\_\_ on \_\_\_\_\_  
*Person Date*

Use reverse side for information about resolution of concern.

*Revised and Approved 10/3/2007*

Hard copy location of form – STC table in 2<sup>nd</sup> floor lobby  
Electronic location of form - Shared Drive: Administration/City Forms