

Concern No. _____
Date _____

The Shade Tree Commission

of the

City of Saint Marys

11 Lafayette Street
Saint Marys, PA 15857

(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: _____

Please Print

Contact Information (if different than property owner) _____

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

Revised 02/2023

Electronic location of form - Shared Drive: Administration/City Forms
City website – Shade Tree Commission and Forms/Permits