

ASSOCIATION-Tree Request
Common Property Tree Review Request Form

Homeowner Information:

Owner Name: _____ Association Name: Sherman Pines

Property Address: _____

Home Number: _____ Cell Number: _____

E-mail Address: _____

Description of location of tree, condition of tree, concerns overall:

Photos of tree included

Trees marked with ribbon or tape

Forward this form and all documents to Edgewater Management Group, Inc. via:

E-mail: kelly.wolfe@edgewatermg.com

Fax: 888.567.6784

U.S. Mail:

Edgewater Management Group, Inc.

PO Box 150

Fort Edward, NY 12828

Comments: _____

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