

TOWN OF BROOKHAVEN  
HIGHWAY DEPARTMENT



1140 OLD TOWN ROAD, CORAM, NEW YORK 11727-3728

DANIEL P. LOSQUADRO  
SUPERINTENDENT OF HIGHWAYS  
PHONE: 631-451-9200  
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**TREE INSPECTION REQUEST FORM**

**PLEASE FILL OUT AND RETURN.** FAILURE TO COMPLETE THIS FORM IN ITS ENTIRETY WILL DELAY OUR INSPECTION OF THE TREE(S).

I hereby request that the Town of Brookhaven Highway Department inspect the tree/trees located:

- In front of your home
- On the side of your home - Street Name \_\_\_\_\_

Home Address Including Hamlet: \_\_\_\_\_

Nearest Cross Street: \_\_\_\_\_

*Reason for Inspection:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are Wires going through the tree/trees? Yes \_\_\_\_\_ No \_\_\_\_\_

**SPRINKLER WAIVER** (Please check appropriate box)

\_\_\_\_\_ I do not have an underground sprinkler system, therefore I will not hold the Town of Brookhaven or the Town of Brookhaven Highway Department liable for any sprinkler damage.

\_\_\_\_\_ I do have an underground sprinkler system and understand that should the Highway Department remove the tree/s and grind the stump/s it is possible that there could be damage to my underground sprinkler system in the vicinity of the removal. I hereby agree to hold the Town of Brookhaven and the Town of Brookhaven Highway Department harmless for any damage that may occur during the tree removal and stump grinding processes. I further agree to accept responsibility for any damage that is done to the sprinkler system and will undertake repair to the system at my own expense.

**You will receive written notification advising you of the results from our inspection.**

\_\_\_\_\_  
**Property Owner** (please print)

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Telephone #**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**