OCAA Annual Day of Service

REQUEST FOR SERVICE

CONTACT INFORMATION

Main Contact		Approx. # of Trees needing repair	i.e. 10-20 or need advice
Charity/Non-Profit Name		Approx. # of Trees for Removal	i.e. 10-20 or need advice
Phone		Approx. # of Trees for Pruning	i.e. 10-20 or need advice
E-mail		**PLEASE PROVIDE A SITE MAP WITH THIS SUBMISSION**	
Registered company address City, State ZIP Code		Location of Site to be serviced:	

ABOUT YOUR ORGANIZATION – WHAT DO YOU DO?

WHY SHOULD YOUR SITE CHOSEN THIS YEAR?

DESCRIPTION OF PROPERTY MAINTENANCE REQUIREMENTS

Ontario Commercial Arborists Association
www.OntarioOCAA.com info@OntarioOCAA.com
72 Main St. Mount Albert, ON L0G 1M0

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Please provide 5-10 pictures and a site map of the property in question to help give a more accurate view of the job ahead.

Once your submission has been received, it will be placed in queue for review. Once the board of director's have chosen the site for the year all submissions will be notified. If your submission was not chosen, it will be placed in back in the future consideration for the next __years.

SIGNATURES			
ONTARIO COMMERCIAL ARBORISTS ASSOCIATION		CHARITY/NON PROFIT ORGANIZATION	
Signature		Signature	
Name and Title		Name and Title	
Date		Date	

FOR OFFICE USE ONLY			
DATE REVIECED		DATE REVIEWED	
NOTES:			

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