



Tree Health Assessment Request Form

First Name: _____

Last Name: _____

Phone Number: _____

Email Address: _____

Property Location/Address: _____

Location of infected tree(s): _____

Size of infection: _____

Tree Species: _____

Please describe the tree symptoms and/or physical defects:

Additional Comments:

Please drop-off or mail to:

Antrim Conservation District
Attn: Mike Meriwether
4820 Stover Rd.
Bellaire, MI 49615