



Received Stamp

CITY OF SHENANDOAH, IOWA
TREE COMPLAINT

Print Name: _____

Address: _____ Phone #: _____

Location of tree: _____

(Feel free to draw an image of the area effected.)

Concern with Tree: _____

Requested action to be taken: _____

Signature: _____ Date: _____

Please return to CITY HALL
500 W. Clarinda Ave
P.O. Box 338
Shenandoah, IA 51601