



### MEMBER TREE CLEARING REQUEST

Northern Lights, Inc (NLI) tries to offer assistance to members who have a tree concern that involves the power lines. This questionnaire is an important tool to help our crews determine what type of assistance is needed. The typical situation involves NLI either side trimming the tree, felling the tree, or when the tree jeopardizes other structures NLI may remove the wires until the owner or owner's agent can fall the tree, then NLI will put the wires back up. **It is very helpful if the tree(s) needing attention are flagged or painted. Generally, the property owner will be responsible for any clean up.** Please fill this form out and either mail it back to Northern Lights, Inc. Attention: Tree Dept. P.O. Box 269 Sagle, ID. 83860 or copy and scan it back to [nlidispatch@nli.coop](mailto:nlidispatch@nli.coop)

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Legal property owner where the tree clearing work is requested?  
\_\_\_\_\_

How many trees are of concern? \_\_\_\_\_

Approx. height of tree(s) \_\_\_\_\_ ft

Species of tree(s) \_\_\_\_\_

Are the limbs touching the line? ( ) Yes ( ) No

What is approx. distance of tree trunk to the line? \_\_\_\_\_

Is the tree: ( ) Dead ( ) Dying ( ) Alive

Does the tree lean toward the line? ( ) Yes ( ) No

Does the tree(s) lean toward any structure(s)? ( ) Yes ( ) No

If yes, what structures? \_\_\_\_\_

Does the tree(s) need: ( ) Trimming ( ) Falling

Is the tree accessible for bucket truck? ( ) Yes ( ) No

Is tree(s) next to: ( ) Main primary line ( ) Secondary line to meter

( ) Don't know

Additional comments and instructions:

**This portion is for the use of Northern Lights, Inc.**

Member generated form:

( ) by phone ( ) in person  
( ) by mail ( ) e-mail

If returned via mail, what date was member notified that request form is on file?  
\_\_\_\_\_

Line Location: \_\_\_\_\_  
\_\_\_\_\_

Meter# \_\_\_\_\_

Address \_\_\_\_\_

Request sent to:

( ) Service Crew  
( ) Contractor ( ) BF  
( ) TC ( ) PL

Date Sent: \_\_\_\_\_

Member contacted by:

( ) Phone ( ) Doorknob  
( ) On site

Date Work Completed:  
\_\_\_\_\_

Crew Initials: \_\_\_\_\_

**When work has been completed return to Tree Dept.**