

HAZARDOUS TREE REMOVAL ESTIMATE

[Company Name]
[Street Address]
[City, State, Zip]
[Phone Number]

CLIENT INFORMATION

Name: _____

Address: _____

Phone: _____

ESTIMATE DETAILS

Estimate #: _____

Date: _____

Valid Until: _____

Description of Service (Tree Species, Location, Hazard Level)	Qty	Unit Price	Total

Subtotal: \$ _____
Equipment/Disposal Fees: \$ _____
Tax: \$ _____
Estimated Total: \$ _____

Terms & Conditions:

1. This is an estimate only. Final costs may vary based on unforeseen site conditions.
2. Permits, if required, are the responsibility of the client unless otherwise stated.
3. Underground utility marking must be completed prior to stump grinding.

Contractor Signature / Date

Client Acceptance Signature / Date