

TREE REMOVAL ESTIMATE

Company Name:

Address:

Phone:

Email:

Estimate #: _____

Date: _____

Client Information:

Name:

Property Address:

Phone:

Email:

Project Details:

Target Date:

Permit Status:

Equipment Access Notes:

Description of Service (Tree Species, Location, Method)	Qty	Amount

Subtotal:\$ _____

Tax/Disposal Fees:\$ _____

Total Estimate:\$ _____

Terms & Scope:

- Includes: Felling Sectional Removal Stump Grinding Wood Haul-away
- Estimate valid for 30 days. Underground utilities must be marked prior to stump grinding.

Client Signature & Date

Contractor Signature & Date

Thank you for your business. Fully Licensed and Insured.