

# ESTIMATE

[Company Name]

[Phone Number]

[Email Address]

Estimate #: \_\_\_\_\_

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

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## Client Information:

Name:

Address:

City/Zip:

## Project Location:

Description of Service (Tree Species, Location, Height)	Qty	Unit Price	Total
Tree Removal (Felling/Sectioning)			
Stump Grinding / Root Pruning			
Debris Hauling & Wood Chipping			
Permit Acquisition Fees			
Additional Notes:			

Subtotal: \$ \_\_\_\_\_

Tax: \$ \_\_\_\_\_

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**Grand Total: \$ \_\_\_\_\_**

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**Terms & Conditions:**

1. This estimate is valid for 30 days.
2. Underground utility marking (Call Before You Dig) must be completed prior to stump grinding.
3. Client is responsible for boundary identification.

Authorized Signature: \_\_\_\_\_

Client Acceptance: \_\_\_\_\_