

Utility Tree Removal

[Company Address]

[City, State, Zip]

[Phone Number]

ESTIMATE

Date: _____

Estimate #: _____

CLIENT INFORMATION

Name: _____

Address: _____

Phone: _____

SERVICE SITE DETAILS

Utility Line Type: _____

Permit Required: Yes No

Access Notes: _____

Description of Service / Tree Species	Qty	Unit Price	Total
Hazardous Limb Removal (Utility Clearance)			
Full Tree Take-Down & Sectioning			
Stump Grinding / Debris Haul-away			
Equipment Fee (Bucket Truck/Crane)			

Subtotal: \$ _____

Tax: \$ _____

Total Estimate: \$ _____

TERMS & CONDITIONS

This estimate is valid for 30 days. Final pricing may vary based on unforeseen utility interference or ground conditions. Client is responsible for marking private underground lines not covered by public utility locators.

Authorized Signature: _____ Date: _____