



Naperville

Emerald Ash Borer Treatment Form

NAME _____

ADDRESS _____

PHONE Residence _____

Cell _____

Please indicate the location, quantity and diameter of the ash trees you are treating for Emerald Ash Borer prevention.

Parkway Trees (city property)

Private Property Trees _____ Front Yard _____ Rear Yard _____ Side Yard

PLEASE USE THIS SPACE TO SKETCH YOUR TREE LOCATIONS (Indicate Street Name)

Tag or ID number of the tree(s) if tagged _____

What product and method is used for treatment of the ash tree(s)? (i.e. Meritt, soil drench)

Date of Treatment _____

What is the name and contact number of the person or company performing the work?

NAME/COMPANY _____

PHONE _____

PLEASE NOTE: Annual treatment is necessary for most products. Please continue to update the City of Naperville with treatment dates. Keep for your records any receipts and treatment documentation. Attach a product sheet from the I.D.A. if available

**Send to: City of Naperville Department of Public Works, P.O. Box 3020, Naperville, IL 60566
PHONE: (630) 420-6095 FAX: (630) 420-4100**