

Assistance Request for Backyard Fruit Trees

Hood River Soil & Water Conservation District
OSU Extension Service

Today's Date: _____

Homeowner Name	
Address	
Phone Number	
Email	
Types of Trees (check all that apply)	<input type="checkbox"/> Cherries _____ Quantity <input type="checkbox"/> Pears _____ Quantity <input type="checkbox"/> Apples _____ Quantity <input type="checkbox"/> Other (please specify) _____ Quantity
What is your current tree management? <i>Please check all that apply.</i>	<input type="checkbox"/> I don't do anything to my trees. <input type="checkbox"/> I prune my trees. <input type="checkbox"/> I spray my trees for pest/disease control. <input type="checkbox"/> I hire a service to maintain my trees. <input type="checkbox"/> Other _____
What is your reason for having the tree(s)? <i>Please check all that apply.</i>	<input type="checkbox"/> I harvest and eat the fruit that grows on the trees. <input type="checkbox"/> I have the trees for landscape decoration. <input type="checkbox"/> The trees provide shade. <input type="checkbox"/> The trees provide privacy. <input type="checkbox"/> I keep the trees for sentimental reasons. <input type="checkbox"/> Other _____
How can we help you? <i>Please check all that apply.</i>	<input type="checkbox"/> I want to understand pest and disease control methods. <input type="checkbox"/> I want my trees to be in compliance with state and county ordinances. <input type="checkbox"/> I want to remove my tree(s). <input type="checkbox"/> I want to replace my tree with a different tree/plant that will not attract pests/disease. <input type="checkbox"/> Other _____

Please complete this form and submit to Kris Schaedel at Hood River Soil and Water Conservation District by mail, email or in-person.

Kris Schaedel
Conservation Program Manager, HRSWCD

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