

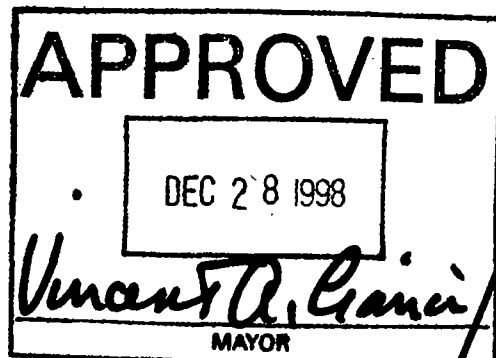
RESOLUTION OF THE CITY COUNCIL

No. 707

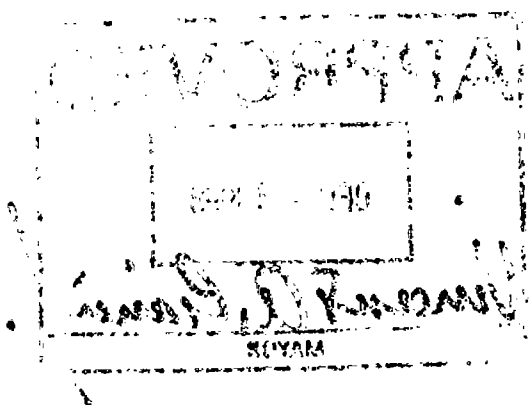
Approved December 28, 1998

RESOLVED, That the Forestry Division of the Parks Department is requested to cause the removal of the tree located along 17 Jastram Street.

IN CITY COUNCIL
DEC 17 1998
READ AND PASSED
Evelyn V. Fargnoli
PRES.
Michael R. Clement
CLERK



Quail President Fungoli, By Request



DEPARTMENT OF CITY CLERK

Michael R. Clement, City Clerk
Clerk of Committees

Jean M. Angelone
First Deputy



Barbara A. Poirier
Second Deputy

RESOLUTIONS AND ORDINANCES REQUESTED

Date: 12/10/98 Time: 11:30

Council Person Angelone By Request ☒
Not By Request ☐

Summary: _____

CITY OF PROVIDENCE			
To	<u>Evelyn</u>		
Date	<u>12/9</u>	Time	<u>3:45</u> A.M. P.M.
WHILE YOU WERE OUT			
Mr. / Ms.	<u>John Letesce</u>		
of	<u>17 Jastrow</u>		
Phone	<u>331-8610</u>		
TELEPHONED		PLEASE CALL	
CALLED TO SEE YOU		WILL CALL AGAIN	
WANTS TO SEE YOU		RUSH	
Message <u>Tree roots in sewer</u> <u>line - talked to John Johnson</u> <u>he verified it -</u> <u>remove tree</u>			
Taken By <u>Lee</u>			

Remove tree at 17 Jastrow St.

Taken By: _____



DRAINS • SEWERS • SEPTIC SYSTEMS

DATE OF SERVICE

11/30/98

TO THE RESCUE

INVOICE

№ 1549

CUSTOMER NAME <i>Petisce</i>		CUSTOMER PHONE <i>331-8610</i>		JOB PHONE	
ADDRESS <i>17 Testum St.</i>		APT. #		NOTES	
CITY <i>Providence</i>		STATE <i>RI</i>		ZIP <i>02908</i>	
JOB ADDRESS IF DIFFERENT THAN CUSTOMER ADDRESS		STATE		ZIP	
				CONTACT PERSON	
				JOB NAME	
2484 WARWICK AVENUE • SUITE 260 • WARWICK, RI 02889 • 800-698-2244					
DESCRIPTION OF WORK					
<i>Cleaned main line from inside</i>					
<i>clo to City line was packed with</i>					
<i>massive roots no guarantee</i>					<i>135.00</i>
<input type="checkbox"/> LOCATE & DIG <input type="checkbox"/> TANK COVER (FT.) <input type="checkbox"/> DIST BOX (FT.) <input type="checkbox"/> PIPE FT.					
<input type="checkbox"/> INLET BAFFLE MISSING <input type="checkbox"/> VACUUM PUMP <input type="checkbox"/> OUTLET BAFFLE MISSING					
<input type="checkbox"/> SEPTIC TANK GALS. <input type="checkbox"/> CESSPOOL GALS. <input type="checkbox"/> OTHER					
<input type="checkbox"/> DRYWELL GALS. <input type="checkbox"/> BASEMENT <input type="checkbox"/> FAILED SYSTEM					
DRAIN LINES CLEANED & GUARANTEES					
<input checked="" type="checkbox"/> MAIN LINE. <i>no guarantee</i>		FT		<input type="checkbox"/> TUB FT	
<input type="checkbox"/> SINK		FT		<input type="checkbox"/> TOILET FT	
<input type="checkbox"/> FLOOR DRAIN		FT		<input type="checkbox"/> WASHER LINE FT	
<input type="checkbox"/> OTHER LINE				<input type="checkbox"/> STORM FT	
<p>I hereby authorize you to perform the above described services and I agree to pay the amounts indicated to the right. I hereby certify that I am duly authorized to order and approve the work requested. Interest @ 1.5 per month 18% per annum on past due balances</p> <p>SIGNATURE _____ TITLE _____</p>		PARTS		PARTS	
				LABOR	
				OTHER	
				TAX	
				TOTAL	
TERMS: CASH <input checked="" type="checkbox"/> CHECK # _____ CHARGE _____ P.O.# _____				TOTAL DUE \$ <i>100.00</i>	
C.C. TYPE _____ AUTH # _____					
CARD NO. _____ EXP. DATE: _____					
JOB COMPLETION		TIME ON		TIME OFF	

This is to acknowledge completion of the above described work which has been done to my complete satisfaction

DATE *11/30/98* CUSTOMER SIGNATURE *John Petisce* SERVICEMAN'S NAME *Rich* VEH *13*



DRAINS • SEWERS • SEPTIC SYSTEMS

DATE OF SERVICE

12-8-98

TO THE RESCUE

INVOICE

Nº

1593

CUSTOMER NAME Petisce			CUSTOMER PHONE 331-8610			JOB PHONE		
ADDRESS 17 Tastrum			APT. #			NOTES call back on Richard.		
CITY Providence			STATE RI			ZIP 02910		
JOB ADDRESS IF DIFFERENT THAN CUSTOMER ADDRESS			STATE			ZIP		
CONTACT PERSON			JOB NAME					
2484 WARWICK AVENUE • SUITE 260 • WARWICK, RI 02889 • 800-698-2244								
DESCRIPTION OF WORK								
Rootered main line from								
cleanout to street 70 ft.								
Blockage was out by street.								
Line possibly crushed or broke.								
Recommend having city look at line.								
Could not get in line with 2 cutter blades ended up using single blade.								
<input type="checkbox"/> LOCATE & DIG <input type="checkbox"/> TANK COVER (FT.) <input type="checkbox"/> DIST BOX (FT.) <input type="checkbox"/> PIPE FT.								
<input type="checkbox"/> INLET BAFFLE MISSING <input type="checkbox"/> VACUUM PUMP <input type="checkbox"/> OUTLET BAFFLE MISSING								
<input type="checkbox"/> SEPTIC TANK GALS. <input type="checkbox"/> CESSPOOL GALS. <input type="checkbox"/> OTHER								
<input type="checkbox"/> DRYWELL GALS. <input type="checkbox"/> BASEMENT <input type="checkbox"/> FAILED SYSTEM								
DRAIN LINES CLEANED & GUARANTEES								
<input checked="" type="checkbox"/> MAIN LINE			FT.			<input type="checkbox"/> TUB FT.		
<input type="checkbox"/> SINK			FT.			<input type="checkbox"/> TOILET FT.		
<input type="checkbox"/> FLOOR DRAIN			FT.			<input type="checkbox"/> WASHER LINE FT.		
<input type="checkbox"/> OTHER LINE			FT.			<input type="checkbox"/> STORM FT.		
I hereby authorize you to perform the above described services and I agree to pay the amounts indicated to the right. I hereby certify that I am duly authorized to order and approve the work requested. Interest @ 15 per month 18% per annum on past due balances. SIGNATURE _____ TITLE _____			PARTS			PARTS		
						LABOR		
						OTHER		
						TAX		
						TOTAL		
TERMS: CASH _____ CHECK # _____ CHARGE _____ P.O.# _____						TOTAL DUE \$ 0		
C.C. TYPE _____ AUTH # _____								
CARD NO. _____ EXP. DATE: _____								
JOB COMPLETION			TIME ON			TIME OFF		

This is to acknowledge completion of the above described work which has been done to my complete satisfaction

12-8-98
DATE

John Petisce
CUSTOMER SIGNATURE

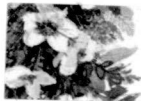
Kevin
SERVICEMAN'S NAME

VEH **P7**

Call Parks Dept. 785-9450
Forestry Div.

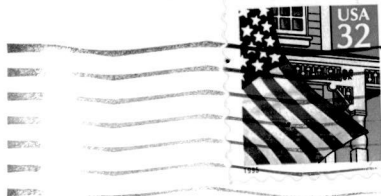
Sew. Dept. Super. John W. Johnson
said that roots from tree is
causing blockage to sewer lateral
at 17 Tastrum St. Should cut
down & kill tree.

12/10/98



Mr. and Mrs. John Petisce
17 Jastram Street
Providence, RI 02908-4207

*City Council
Office*



*Mayor Vincent A. Cianci Jr.
c/o The City Hall of Providence
Providence, R.I.*

*(Emergency
Att. Evelyn Fargnoli.)*

02900/5533



RESOLUTION OF THE CITY COUNCIL

No. 707

Approved December 28, 1998

RESOLVED, That the Forestry Division of the Parks Department is
requested to cause the removal of the tree located along 17 Jastram Street.

Completed - Love Bobb

A true copy,
Attest

Michael R. Clement

Michael R. Clement
City Clerk

[Large signature]

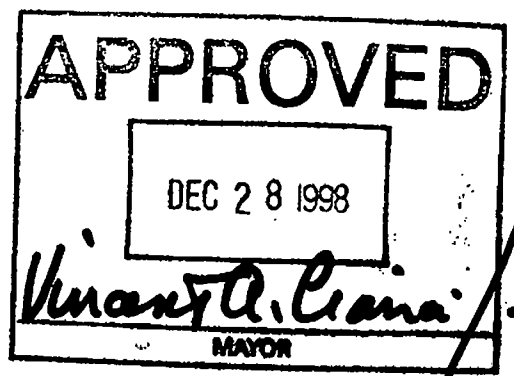
RESOLUTION OF THE CITY COUNCIL

No. 708

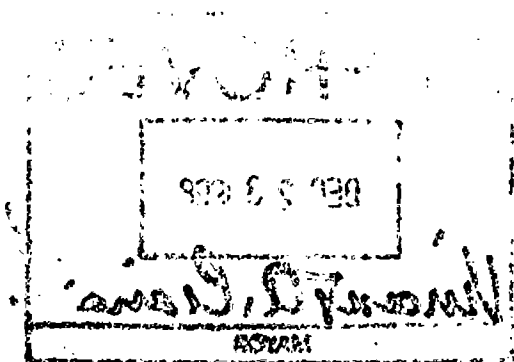
Approved December 28, 1998

RESOLVED, That the Forestry Division of the Parks Department is requested to cause the removal of all existing tree stumps in the Fifth Ward.

IN CITY COUNCIL
DEC 17 1998
READ AND PASSED
Erlyn V. Fargnoli
PRES.
Michael R. Clement
CLERK



Council President Mangoli, By Request



DEPARTMENT OF CITY CLERK

Michael R. Clement, City Clerk
Clerk of Committees

Jean M. Angelone
First Deputy



Barbara A. Poirier
Second Deputy

RESOLUTIONS AND ORDINANCES REQUESTED

Date: 12/7/98 Time: 2:00

Council Person Fargnoli By Request ☒
Not By Request ☐

Summary: Resolution requesting the
Forestry Division of the Parks
Department to remove all
existing tree ^{STUMPS} trunks in the
5th Ward.

Taken By: Shew