

TO BE COMPLETED BY BOROUGH OFFICE

Date Request Rec'd _____-_____-_____

Date Mailed to Tree Committee _____-_____-_____

Date Property Owner Notified _____-_____-_____

TREE REMOVAL REQUEST

Property Owner: _____

Address: _____ Phone No. _____

Contractors No. _____

Lot and Block # _____

Total number of trees to be removed: _____. List species, diameter, location and reason for removal:

Tree Number 1: _____

Tree Number 2: _____

Tree Number 3: _____

Tree Number 4: _____

Tree Number 5: _____

Tree Number 6: _____

Tree Number 7: _____

Tree Number 8: _____

Tree Number 9: _____

Tree Number 10: _____

If you are claiming that the tree(s) are diseased, a statement must accompany this form from a certified arborist attest to the fact.

Do you plan to replace tree(s) on your property? _____

If yes, please indicate type of tree(s) _____

BY SIGNING THIS FORM, YOU ARE AUTHORIZING BOROUGH PERSONNEL TO ENTER YOUR PROPERTY TO EXAMINE THE TREES TO BE REMOVED.

Signed: _____

(Property Owner/Agent)

Please allow 10 days for a decision to be rendered before calling the Borough to check the status of your request.

TREE(S) MUST BE MARKED WITH RIBBON AND NUMBERED. IF TREE(S) ARE NOT MARKED OR IDENTIFIED, THE REQUEST WILL BE DENIED.

Comments/Suggestions: _____

Approved _____ Denied _____ Signed _____ Date ____ / ____ / ____