



Community Development Department

TREE REMOVAL APPLICATION

Date: _____

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

NUMBER OF TREES BEING REMOVED: _____

LOCATION ON PROPERTY: _____

REASON FOR REMOVAL: _____

CIRCLE ONE: RIGHT OF WAY OR PRIVATE PROPERTY

EMAIL: _____

Action Taken: _____

APPLICATION RECEIVED BY: _____

REFERRED TO: ENGINEERING

INSPECTION DATE: _____

PERMIT #: _____
