

APPLICATION FOR SHADE TREE PERMIT

NAME: _____

OWNER'S ADDRESS: _____

PROPERTY ADDRESS: _____

TELEPHONE: _____

Requests permission to:

() PLANT: _____

Number and species of tree

Applicant agrees to follow the guidelines set forth by the Shade Tree Commission for planting.

() REMOVE: _____

Number and species of tree

Reason for removal: _____

Contact information of person/company completing this work:

This work (will) (will not) require an interruption of electrical and or telephone service..

SCHEDULED WORK DATE: _____

Applicant's signature

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Above work has been APPROVED DISAPPROVED

Shade Tree Commission: _____

DATE: _____