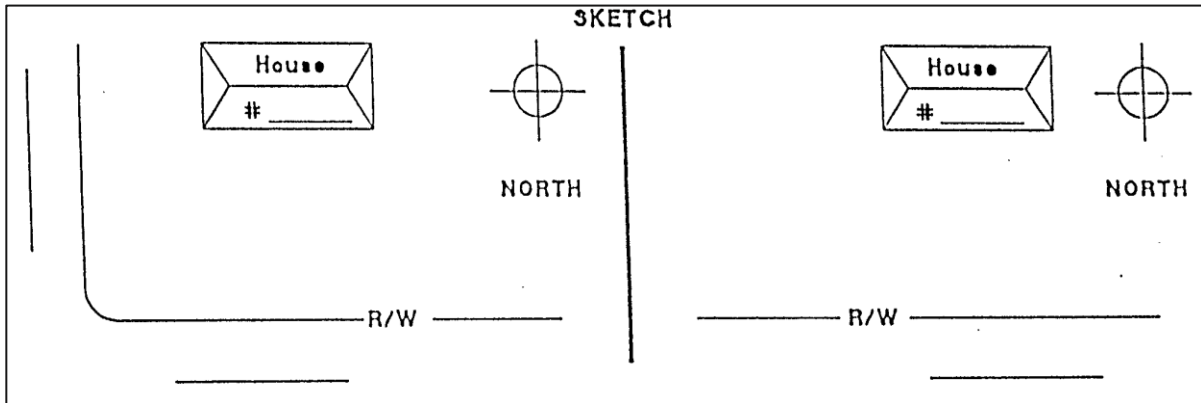


Describe work requested and indicate the number and type of trees involved. Illustrate below or on the back to clarify if necessary.



Tree removal will only be considered if ONE or more of the following conditions exist:

The tree presents a hazard to the public health, safety or welfare for inhabitants of the city. Yes No

The tree has contracted a disease or is infested with pests destructive to such tree. Yes No

Tree removal is necessary for construction of improvements to the property. Yes No

Tree removal is necessary in order to comply with other City Ordinances. Yes No

OFFICE USE ONLY			
Verified/ Checked By: _____			
Follow up necessary?	Yes	No	Date: _____
Date replanting completed: _____			
Comments: _____			
Approved By: _____		Date: _____	
Director of Public Works			