Request for Tree Removal

FOR STREET TREES
AND
POTENTIAL STREET TREES
A request must be completed for each tree

Date of Request: _____

Property Owner: _____ Phone Number: _____

Property Address: _____

Person and/or Firm Responsible for Tree Removal: _____

Phone Number: _____ Email: _____

Type of Tree to be Removed: _____

Height and Spread of Tree _____ Diameter at Base: _____

Location of Tree to be Removed: _____

Reason for Tree Removal; (state all of the reasons for removal, be specific): _____

_____

_____

_____

Proposed Action: _____

_____

_____

Variety of Replacement Tree _____ Diameter at Base _____

Proposed Location of Replacement Tree (if not replacing explain why): _____

_____

FOR OFFICE USE ONLY

☐ Approved ☐ Not Approved Reason: _____

_____

_____

_____ _____

Representative, City of Lebanon Date