



I. GENERAL INFORMATION

Property Owner	Name _____ Phone _____
	Street City Zip _____

Location of Tree	(address and position with respect to house or other trees) _____
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Number of tree(s) requested for removal _____

Type of Tree(s) _____ _____	Caliber of Tree _____ (trunk diameter at 3') _____
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Reason tree(s) are to be removed (*describe as completely as possible and provide documentation*)

Is (Are) the tree(s) causing:

Sidewalk heaving? Y N	Foundation or porch damage? Y N
Damage to house? Y N	Intrusion into basement? Y N

Is (Are) the tree(s) visibly infested by insects or diseased? Y N (If yes, please explain)

Does (Do) the tree(s) have significant dead wood or rot? Y N (*If yes, describe extent*)

Has property owner ever been placed on notice by an insurance about tree(s)? Y N (*If yes, provide documentation*)

Has (Have) the tree(s) been pruned in the past? Y N

Is (Are) the tree(s) or any portion, in any apparent danger of falling, or otherwise hazardous? Y N

Is (Are) the tree(s) located under utility wires? Y N

Are you willing to allow the Shade Tree Commission to replace the tree(s) with new tree(s) if permission is granted for removal? Y N

_____ Signature of Property Owner	_____ Date
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THIS SECTION FOR SHADE TREE COMMISSION USE ONLY

Date Request Received: _____

Date of inspection: _____

Members Present:

Description	Health:	
	Appearance:	
	Pruning:	
	Infestation:	
	Rot:	
	Site Conditions:	
	Utilities:	
	Growth Restrictions:	
	Deadwood:	
	Other:	

Can Tree(s) be improved, or problem eliminated, by special care or pruning?

Is (Are) tree(s) listed and described in the Tree Inventory? Y N *(If so, provide description from condition report)*

Is (Are) tree(s) hazardous in present condition? Y N *(If so, explain)*

Date of Advertisements _____

Date of Hearing _____

Date of Shade Tree Commission Action: _____

Action Taken: _____

Conditions Imposed: _____