



Tree Work Permit

Permit or Approval to Perform Tree
Or Tree Related Work on City Property

Please provide the following information.

Application Date_____

Name_____

Address_____

Phone Number_____

Location of Tree/Trees_____

Removal_____ Trim_____

Total Number of Trees Involved_____

Arborist/Forester Only

_____Approved _____Not Approved

Additional Comments or Conditions_____

Approved By_____

Date_____