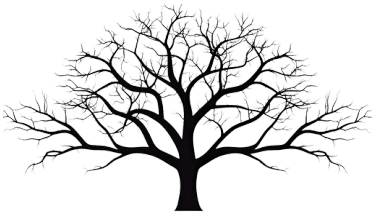
MATCH TREE REMOVAL PROGRAM APPLICATION



Please answer ALL questions in blue or black ink.

Name: _____

Address: _____

Phone # _____ Email: _____

Best Time To Call: Morning: _____ Afternoon: _____ Evening:_____

Address / Location where tree is to be removed: _____

_____

Precise location where the tree is located on the property:

_____

ACKNOWLEDGEMENT:

I acknowledge that the funding towards this project may not allow for full tree removal (stump, trunk, branches, etc.) However, in the event that full removal is not possible, I understand that the funding will be used to remove the immediate safety concern of said tree. The contractor will remove all wood debris that it cuts or that has already fallen, associated with this project.

I further acknowledge that I have the match funding of up to $2000 available and will make payment within 10 business days of receiving notification that a contractor has been assigned.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Fee Amount: _____ Drivers License# : _____

Fee Received By: _____ Approved By : _____

Check # or MO: _____ Approved Date : _____

Application Reviewed By: _____ Assigned Contractor : _____

Final Inspection Date: _____ Date Completed : _____