



# SENIOR GRANT 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: \_\_\_\_\_

\_\_\_\_\_

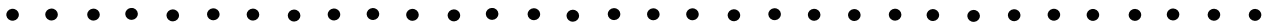
Precise location where the tree is located on the property:

\_\_\_\_\_

**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 also acknowledge that the Senior Grant Tree Removal Program is for resident 65+ .

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 : \_\_\_\_\_