

Tree Removal Application

VILLAGE OF HAZEL CREST
TREE REMOVAL APPLICATION

PLEASE PRINT:

NAME: _____ DATE: _____

ADDRESS: _____ TELEPHONE: _____

NUMBER OF TREES TO BE REMOVED: _____

It is my understanding that only dead or diseased trees in the parkway will be removed.

Tree removal is a low priority job to be done by Public Works crews. Stumps will be removed in the following spring by an outside contractor. Applications will be acted on in the priority it attains upon date of receipt.

HOMEOWNER AGREES TO PERFORM ANY NECESSARY RE-LANDSCAPING.

Homeowner's Signature