

TREE REMOVAL FORM

NAME: _____ Date: _____

Address: _____

Phone #: _____ Email: _____

Purpose for removing tree(s): **Number of trees to be removed** _____

- _____ Diseased or dead tree(s)
- _____ Safety
- _____ Construction
- _____ Public utility requirement
- _____ Other

Further Explanation:

Diagram: (Diagram your lot with the location and type of trees to be removed)

Replacement trees: (What trees will replace those being removed?)

LPMC Approval: _____

NAME

DATE