

Tree Removal Application

To: The Department of Public Works, Urban Forestry Division.

Date: _____, 20__

Submitted By:

_____, _____, _____, _____
 Applicant Phone Fax Email

_____, _____, _____, _____
 Address City State Zip Code

I hereby request permission to remove _____ tree(s), at my own expense at the following location:

_____, _____, Richmond, VA, _____
 Address Side-Site City & State Zip Code

I deem it necessary to remove said tree(s) for the following reason(s):

*Attach additional/supporting information as necessary

The above-described tree removal will be performed by the following tree maintenance contractor:

_____, _____, _____
 Company Name Contact Person Phone

_____, _____, _____, _____
 Address City State Zip Code

*Tree maintenance contractors must have their insurance company fax a proof on insurance form directly to the Urban Forestry Division at 646-3087.

The applicant hereby agrees for themselves, their heirs and assigns to indemnify and save harmless the City of Richmond from any and all damages to persons or property (public or private) resulting from the removal of the trees described above.

 Applicant's Signature Date

Office Use Only

Reviewed By	Date Inspected	Result (Choose One)	Sign
		_____ APPROVED _____ DENIED	