TREE REMOVAL/TRIMMING AUTHORIZATION

VILLAGE OF SLOAN

Department of Public Works
425 Reiman Street
Sloan, NY 14212
Telephone 897-1560 Fax 896-2728

Date: _____

Owner Name: _____ Telephone #: _____

Owner Address: _____ Alternate #: _____

1 _____ I hereby request tree removal from the street right of way in front of my property. If you are requesting removal due to sewer problems, you must provide copies of all sewer work bills for the previous three (3) years.

2 _____ I acknowledge the right to *apply* for a replacement tree supplied by the Village.

3 _____ I hereby acknowledge I have been advised by the Village of the need for tree removal from the right of way in front of my property.

4 _____ I hereby request the tree located on the right of way of my property to be trimmed as deemed by the Village of Sloan.

Please provide a tree location and description. _____

As owner, I request that the _____ limbs and _____ trunk be left on the premises for personal use.

_____
Owner Signature

For Office Use Only

_____ Approved _____ Denied Date: _____ Reason: _____

_____
Superintendent of Public Works

_____ Approved _____ Denied Date: _____ Reason: _____

_____
Trustee

Date Tree Removed/Trimmed: _____ Date Tree Planted: _____

Notes: