TREE REMOVAL FORM - Newton Tree Preservation Ordinance

FORM MUST BE COMPLETED BY THE COMPANY OR INDIVIDUAL DOING TREE REMOVAL WORK

Name: _____ Date: _____

Company Name: _____

Property Address of tree removal work: _____

Name of propery owner/contact: _____

Reason for tree removal work: _____

Anticipated date or time frame for the removal of the trees listed below: _____

1. I/We have been hired for the removal of trees at the above listed address.

2. I have been provided with a plan or description of the trees to be removed.

3. Below is the list of trees to be removed:

Tree#/ID	DBH	Species	Tree#/ID	DBH	Species	Tree#/ID	DBH	Species