TREE REMOVAL/TRIMMING/REPLACEMENT AUTHORIZATION VILLAGE OF SLOAN

Department of Public Works 425 Reiman Street Sloan, NY 14212 Telephone (716)897-1560

			Date:	
Owner Name:			Telephone #:	
Owner Address:			Alternate #:	
1	_I hereby request tree removal from the street right of way in front of my property. Please be aware that the Village will ONLY remove trees that are diseased/dying/dead.			
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 tre Village of Sloan.	e located on the right	t of way of my property to be trimmed as deemed by the	
1	Please provide a tree loc	ation and description	l	
As owner, I request t	hat the limbs an	d trunk be lef	ft on the premises for personal use.	
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Owner Signature				
or Office Use Only				
	Denied			
Superintendent of Public W	orks			
Approved	Denied	Date:	Reason:	
rustee	-			
		., .		
Date Tree Removed	d/Trimmed:		Date Tree Planted:	
Notes:				