

Town of Strasbourg



APPLICATION FOR TOWN-OWNED TREE REMOVAL

Applicant Name: _____

Mailing Address: _____

Telephone: _____ **Email:** _____

Civic Address of Tree to Be Removed: _____

Reason for Removal: _____

☐ **Attached picture of the tree?**

Approximate Date of Tree Removal: _____

Name of Contractor Doing Tree Removal: _____

Contractor Phone #: _____ **Contractor Email:** _____

By signing this form, I, the applicant, agree that:

- ☐ I am responsible for ensuring that the contractor removing the tree has valid and appropriate liability insurance for injury to person or property.
- ☐ The contractor will clean-up all debris related to the removal of the tree, as well as grind the tree stump to prevent suckering.
- ☐ The Town of Strasbourg will not be responsible for any costs related to the removal/clean-up of the removed tree.
- ☐ The Town of Strasbourg is to be held harmless from all claims for damages resulting from improper tree removal, whether by the contractor or property owner.

Applicant Name (PRINT)

Date

Signature of Applicant

For Office Use:

Permission is hereby granted to the applicant for a Boulevard Tree Removal Permit.

EXACT LOCATION APPROVED:

DATE

ADMINISTRATOR