

APPLICATION FOR TREE REMOVAL

1. Applicant's full Name: _____

Address of Residence: _____

Phone Number: _____

Email Address: _____

2. Physical location, providing street address within the City of Canton, Missouri, where the

Location of the tree to be removed: _____.

3. State with particularity, why the tree needs to be removed

_____.

APPLICANT SIGNATURE: _____ Date: _____

CITY OF CANTON, MISSOURI

The Tree will not be removed for the following reason(s):

Denied By: _____ Date: _____

The Tree will be removed when funding and resources are available.

Approved By: _____ Date: _____