

# **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: \_\_\_\_\_