



City of Mineral Point

Tree removal/planting application



Date: _____

Applicant's name: _____
Address: _____

Agent's name: _____
Address: _____

Phone: _____
email: _____

Phone: _____
email: _____

Request (circle): Remove Prune Plant

Location of tree and type/species if known: _____

Comments/reasons for application: _____

Signature: _____ Date: _____

<p>Species: _____</p> <p>Inventory number: _____</p> <p>Condition: _____</p> <p>Value: _____</p> <p>City Forester's recommendation: _____</p> <p>_____ _____</p> <p>Tree Board's decision: _____</p> <p>_____ _____ _____</p> <p>Date of compliance: _____</p> <p>City Forester signature: _____</p>	<h3>Office Use</h3>
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