



DATE: _____

TREE REMOVAL REQUEST

NAME: _____

ADDRESS: _____

PHONE: _____

LOCATION OF TREE(S) TO BE REMOVED: _____

REASON FOR REMOVAL: _____

WOULD YOU LIKE RECOMMENDATIONS FOR REPLACEMENT TREES? YES ____ NO ____

DATE FOR REMOVAL: _____

REVIEWED BY (SHADE TREE COMM. MEMBER) _____ DATE: _____

APPROVED BY (DEVELOPMENT OFFICE) _____ DATE: _____
(If New Development)

IF I LIVE IN A NEW DEVELOPMENT, I UNDERSTAND THAT I MAY NOT CUT DOWN SHADE TREES (STREET TREES) BEFORE FIRST OBTAINING APPROVAL FROM THE DEVELOPMENT OFFICE SINCE NEW DEVELOPERS ARE RESPONSIBLE FOR TREES FOR DURATION OF MAINTENANCE PERIOD.

RESIDENT'S SIGNATURE: _____

ANY QUESTIONS, PLEASE CALL THE TOWNSHIP AT 610-437-5524, EXT. 1100

RETURN ADDRESS: 3219 MACARTHUR ROAD, WHITEHALL, PA 18052
ATTN: SHADE TREE COMMITTEE