TREE REMOVAL/TRIMMING/REPLACEMENT AUTHORIZATION

VILLAGE OF SLOAN

Department of Public Works 425 Reiman Street Sloan, NY 14212 Telephone (716)897-1560

				Date:
Owner Name:				Telephone #:
Owner Address:				Alternate #:
1		•		om the street right of way in front of my property. Please be aware e trees that are diseased/dying/dead.
2I hereby acknowledge I have been right of way in front of my propert				en advised by the Village of the need for tree removal from the ty.
3	I hereby re the Village	•	ee located	on the right of way of my property to be trimmed as deemed by
Ple	ease provid	de a tree loca	ation and d	escription.
				trunk be left on the premises for personal use.
Owner Signature				
or Office Use Only				
Approved		_Denied	Date:	Reason:
Superintendent of Public V	 Vorks			
raporinteriaent er r abile v	Volko			
Approved		_Denied	Date:	Reason:
rustee				
Date Tree Removed/Trimmed:				Date Tree Planted:
lotes:				