**CITY OF LACEY**
Public Works Department 420 College Street SE
Lacey, WA 98503
(360) 491-5600

FOR CITY OF LACEY USE

ROUTED: _____

APPROVED: _____

ISSUED: _____

## STREET TREE REVIEW REQUEST FOR REMOVAL/REPLACEMENT IN THE CITY OF LACEY RIGHT OF WAY

I would like to have the trees in the right of way reviewed by the City's Tree Protection Professional.

Address of property: _____

Assessor's tax parcel number: _____

Property owner's name: _____

Mailing address: _____

City, State, Zip: _____

Contact Name: _____ Contact telephone: _____

Email: _____

Work to be performed in ROW:

**PLANTING TREE** _____ **PRUNING MORE THAN 30% OF TREE** _____ **REMOVAL/ REPLACEMENT** _____

Reason for tree review:

**HAZARDOUS TREE** _____ **DEAD OR DAMAGED TREE** _____ **DISEASE** _____

**OBSTRUCTION** _____ **IMPROPER PRUNING DETERMINATION** _____

**OTHER/BRIEF DESCRIPTION** _____

_____

All street trees within the City right-of-way will be planted in accordance with section 4G.100 of the City of Lacey Development Guidelines and Public Works Standards.

**Tree Replacement Species:** _____

I understand that it is the property owner's responsibility to maintain all trees located in the City'S right-of-way in accordance with Ordinance 1455, LMC 12.20. Commercial/HOA use of this service will result in forester review and permit fees.

_____ _____

Applicant's Signature Date