VILLAGE OF INDIAN HEAD PARK ILLINOIS

TREE REMOVAL PERMIT APPLICATION

PROPERTY OWNER INFORMATION

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Home Phone: ( ) _____ Email: _____

Number of Trees to be Removed & Location of Trees Species:

_____

_____

_____

Reason for Removal: _____

Date of Request: _____ / _____ / _____

Name of Tree Company: _____

THE SECTION BELOW TO BE COMPLETED BY VILLAGE ARBORIST

Report from Village Arborist: _____

Replacement Trees Recommended: Yes No

Village Arborist: _____

Date Approved: _____ / _____ / _____

Date Mailed or Emailed: _____ / _____ / _____