Tree Trimming & Removal

REQUEST FORM

Application Information

Full name: _____ Date: _____

Last *First* *M.I.*

Address: _____ Phone: _____

Street address *Apt/Unit #*

_____ Email: _____

City *State* *Zip Code*

Work to Be Performed

Elevate/Trim/Prune:	Yes ☐	No ☐
Removal:	Yes ☐	No ☐
Planting:	Yes ☐	No ☐
Species of Tree:		
Diameter of Tree:		

Reason for Request/Or Exemption:

Work to Be Performed By:

Please list three professional references.

Name:	
Phone:	
Company Name & Address:	

Signature: _____ Date: _____

Florence Township Shade Tree Commission
711 Broad Street, Florence, NJ
609-499-2525

OFFICE USE ONLY:

Date Received:
Permit #: