



419 N Broadway, PO Box 519
 Abilene, Kansas 67410
 Voice 785.263.2355
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APPLICATION TO PLANT, PRUNE OR REMOVE PUBLIC TREE

Date:

Address of Tree Site:

Name of Applicant:

Address:

Home Phone:

Work Phone:

Name & Address of owner of abutting lot, if applicant is lessee or agent of owner:

Application to :

- | | | |
|---------------------------------|-------------------------------|--------------------------------|
| <input type="checkbox"/> PLANT | SPECIES: <input type="text"/> | QUANTITY: <input type="text"/> |
| <input type="checkbox"/> PRUNE | SPECIES: <input type="text"/> | QUANTITY: <input type="text"/> |
| <input type="checkbox"/> REMOVE | SPECIES: <input type="text"/> | QUANTITY: <input type="text"/> |

Tree desired to be pruned or removed is:

- DISEASED DEAD DISEASED

Other: (Please Explain)

Applicant's Signature:

Date:

STAFF APPROVAL

The foregoing application is approved this _____ day of _____ 20____, subject to the following conditions:

Staff Notes:

_____ Date

_____ City Inspector