

# Tree Removal Application

Richmond, VA, \_\_\_\_\_, 20\_\_\_\_

**To:** The Department of Public Works, Urban Forestry Division

**Submitted By:**

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Applicant Phone Fax Email

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Address City & State Zip Code

I hereby request permission to remove \_\_\_\_\_ tree(s), at my own expense at the following location:

\_\_\_\_\_, Richmond, VA, \_\_\_\_\_  
Address City & State Zip Code

I deem it necessary to remove said tree(s) for the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_

Attach additional/supporting information if necessary.

The above-described tree removal will be performed by the following tree removal contractor:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Company Name Contact Phone

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Address City & State Zip Code

Tree maintenance contractors must have their insurance company fax a proof on insurance form directly to the Urban Forestry Division at 646-3087.

*The applicant hereby agrees for themselves, their heirs and assigns to indemnify and save harmless the City of Richmond from any and all damages to persons or property (public or private) resulting from the removal of the trees described above.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Approved By

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

Variance Required \_\_\_\_\_

Inspected By	Date Inspected	Date Completed	Sign