



TREE REMOVAL APPLICATION

*Those signing this application agree to comply with the Village of Island Park Tree Removal Local Law regulating the cutting and/or removal of trees.
Local Law 7 of 2008*

Date: _____

Owner of Property: _____

Address: _____

Telephone Number: _____

Block(s) Lot(s) _____

Location where tree removal will occur _____

Type of Tree Removed _____

Number to be Removed _____

Reason for Tree Removal: _____

Name and address of Tree Removal Company:

Name: _____

Address: _____

Telephone: _____

Signature: _____