

**Department of Public Works
Urban Forestry Division**

Request Form

I, _____, the undersigned, hereby petition the
(Name)

Department of Public Works for: _____ Tree Removal
 _____ Tree Trim
 _____ Tree Planting
 _____ Stump Removal
 _____ Topsoil & Seed Request

of a (live) (healthy) (dead) (diseased) tree, (circle condition applicable)
situated within the public right- of- way in front of real property located at
_____, Auburn, New York.

The reasons for which the removal or trim of the tree is sought are as follows:

Signature

Date: _____

Address

E-mail (preferred) or Phone #

**Please Return form to: Department of Public Works
 Memorial City Hall
 24 South Street
 Auburn, New York 13021**

Public Works Use Only
Recommendation:

Signature: _____

Severity of Tree (circle): (*mild*) **1 2 3 4 5** (*severe*)

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