Appendix D – Tree Removal Request Form

Battleford Parks and Recreation Office Box 1240, Battleford, Saskatchewan, SOM 0E0 Phone: (306) 937-6216, Email: parks@battleford.ca

Coordinator Signature:



Last Name	First Name	Home Phone #	Cell Phone #	
Tree Location	Tree Species	Approx. Tree Height		
	-	st. Please sketch the location		
attached Site Plan Page	(including buildings, roads	and other important landma	rks.	
Applicant Signature:		Application Date:		
Tree Species	Tree Diameter	Approx. Tree Height	Tree Condition	
Tree opecies	Tiee Diameter	Approx. Tree fielgitt	Tree Condition	
Removal Cost (\$)	Relocation Cost (\$)	Replacement Cost (\$)	Other:	
itemovai σοσί (ψ)	Reiocation σοσί (ψ)	περιασειπείπ σοσί (ψ)	Other.	
Tree Location Type (Pr	ivate, Street Frontage, or F	Public)		
Parks and Recreation I	Director Comments & Rec	commendations:		

Date:

Appendix D – Tree Removal Request Form

Site Plan

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