

**APPLICATION FOR TREE TRIM/REMOVAL
TO COMPLY WITH ORDINANCE # 565
CITY OF MOULTRIE
P.O. BOX 3368
MOULTRIE, GEORGIA 31776
229-890-5405**

Date Submitted: _____
(Allow 45 Business Days for Review)

(1) **Applicant's Name** _____

(2) **Applicant's Address** _____

(3) **Applicant's Contact Number** _____

(4) **Action Requested** Trim Tree
 Tree Removal
 (check one)

(5) **Provide Detailed Information Regarding Need for Trimming or Removal**

(6) **Will you replace removed tree?** Yes No

(7) **If so, what type, size , etc.?** _____

(8) Provide a Sketch of Location of Property Identifying Tree, Buildings, Fences, Power-lines, etc.

(9) Persons or Company Performing Work

Name _____

Address _____

Contact Number _____

(10) Emergency action taken, if any _____

Signature of Applicant

Date

Tree Committee Action

Approved

Denied

Approved with Conditions

Signature of Chairperson

Date