



APPLICATION FOR TREE TRIM/REMOVAL
TO COMPLY WITH ORDINANCE # 565 CITY OF MOULTRIE
200 1st Street N.E. Moultrie, GA 31768
P: 229-668-7223 F: 229-668-7650
www.moultriega.com

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

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

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

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

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

(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) **Persons or Company Performing Work**
Name _____
Address _____
Contact Number _____

(9) **Emergency action taken, if any**

(10) Provide a Sketch of Location of Property Identifying Tree, Buildings, Fences, Power-lines, etc. (See Attached for Sketch Example)

Signature of Applicant

Date

Tree Committee Action

Approved

Denied

Approved with Conditions

Signature of Chairperson

Date

