



Village of Hazel Crest
Department of Public Works

TREE REMOVAL APPLICATION

PLEASE PRINT:

NAME: _____ DATE: _____

ADDRESS: _____

TELEPHONE: _____

NUMBER OF TREES TO BE REMOVED: _____

It is my understanding that only dead or diseased trees in the parkway will be removed. Tree removal is a low priority job to be done by Public Works crews. Tree removal applications will be acted on in the priority it attains upon date of receipt. Stumps will be removed following tree removal by either the Village or an outside contractor. **THE HOMEOWNER AGREES TO PERFORM ANY NECESSARY RELANDSCAPING WORK.**

Homeowner's Signature

FOR OFFICE USE ONLY:

Date received: _____

By: _____