



Hazard Tree Removal Processing Center 205 Mira Loma Drive, Ste. 50, Oroville, CA 95965

<u>TreeROE@ButteCounty.net</u> | 530.552.3030

Intent to Submit Arborist's/Forester's Certification Form

☐ I / we,	, hereby notify
the County of Butte/Town of Paradise it is our intent to submit a completed Arborist's/Forester's Certificatior	
Form in order to be in compliance with the County a	nd Town's requirements for Hazard Tree removal. The
aforementioned form is to be completed by an ISA Cert	tified Arborist (with Tree Risk Assessment Qualification
TRAQ) or Registered Professional Forester (qualified pursuant to California Public Resources Code section 752)	
Property Address:	Phone Number:
Assessor's Parcel Number (APN):	Email (optional)
Owner Signature:	Owner Signature:
Print Name:	Print Name:
rint Name.	rint Name.
Date:	Date: