



Hazard Tree Removal Processing Center
P.O. Box 3390, Chico, CA 95927-3390
TreeROE@ButteCounty.net | 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 Certification Form in order to be in compliance with the County and Town's requirements for Hazard Tree removal. The aforementioned form is to be completed by an ISA Certified 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:
Date:	Date: