

TREE CUTTING REQUEST FORM

DATE: _____

MEMBERS NAME: _____

LOT #: _____ Road: _____

LOCATION OF TREE: _____

HOME ADDRESS: _____

TELEPHONE # () _____

EMAIL ADDRESS _____

MEMBER REQUESTS TREE(S) CUT BY GBNT. WOOD, BRANCHES AND DEBRIS WILL BE REMOVED BY GBNT.

MEMBER'S SIGNATURE: _____

APPROVED: YES _____ NO _____

OF TREES: _____ (TO BE DETERMINED BY PARK MANAGER)

COMMENTS: _____

DATE: _____

PARK MANAGER'S SIGNATURE: _____

ALL TREES ARE THE PROPERTY OF GBNT

MEMBER MAY REQUEST WRITTEN PERMISSION FOR THE MEMBER TO PAY FOR AN OUTSIDE COMPANY WHO IS LICENSED AND BONDED OR THE MEMBER TO CUT THEIR TREE. MEMBER WILL DISPOSE OF BRANCHES AND CLEAN UP WHEN FINISHED. PARK MANAGER MUST FIRST MEET WITH THE MEMBER ON SITE TO DISCUSS THE TREE FALLING PROCEDURES AND MARK THOSE TREES TO BE REMOVED, AND THEN ISSUE PERMIT.

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