



Town of Abita Springs

TREE REMOVAL APPLICATION

Arborist Name: _____ Date: _____

Arborist Phone & Email: _____

Company: _____

Property Owner Name: _____

Property Address: _____

Homeowner Phone & Email: _____

Trees to be removed

	SPECIES	SIZE	LOCATION DESCRIPTION
TREE 1			
TREE 2			
TREE 3			
TREE 4			
TREE 5			
TREE 6			

Please provide estimated lot dimensions & approximate location of trees.

Lot Dimensions: _____

The above information is correct to the best of my knowledge as a licensed arborist.

Arborist Signature: _____



Please do not write below this line

Approved Date: _____

Official Inspection by Town Arborist Required? _____

Public Works Director Signature: _____