

## TREE PRUNING/REMOVAL PERMIT REQUEST

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

please include zip code

Email Address: \_\_\_\_\_

1. Location of tree work if different from above address:  
\_\_\_\_\_
  
2. Are you the owner of this property? \_\_\_\_\_ or are you acting as the agent for the property owner? \_\_\_\_\_ if so, we must have the property owner's signature \_\_\_\_\_
  
3. Is the work on the planting strip, or is it on an unimproved right-of way?
  
4. What is the purpose of work (View pruning, routine maintenance - thinning/removal of branches, removal of a dead/dying tree, or... something else)?  
\_\_\_\_\_
  
5. Would you like the Arborist or his representative to meet you on site? \_\_\_\_\_
  
6. Describe work requested and indicate the number and type of trees involved. Illustrate below or on the back to clarify if necessary.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
7. Indicate the tree service you intend to contract for the requested work. Have you already contacted them? Company: \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_ Contacted yet? \_\_\_\_\_
  
8. What is your goal for when work is to begin? Date:

**RETURN TO: City Arborist Office - P.O. Box 34996 - Seattle, WA 98124-4996**

***DO NOT SEND MONEY  
ALL FEES COLLECTED BY THE STREET USE PERMIT COUNTER***

Seattle Municipal Tower Building, P.O. Box 34996 - Seattle, Washington 98124-4996  
Telephone: (206) 684-TREE, TTY/TDD (206) 684-4009, FAX: (206) 615-0899