



STREET TREE REMOVAL REQUEST

This application is for non-Heritage street trees only

Location of Tree (address): _____

Name of Applicant: _____ Date: _____

Address: _____

Phone: _____ Email: _____

Name of Property Owner (if different from applicant): _____

Address: _____

Phone: _____ Email: _____

No. of Tree(s): _____ Type of Tree(s): _____

REASON FOR REQUEST: _____

PROPOSED REPLANT PLAN (required)

No. of Trees: _____ Species: _____ Size: _____

Location and Timeline of Replant: _____

Click here for [list of tree species and additional information](#)

I recognize that the City of Mountain View places a high value on the community urban forest, and I will observe City guidelines, codes, and master plans related to trees by agreeing to replant trees as jointly determined and agreed upon by the applicant/property owner and the City.

Applicant's Printed Name: _____ Signature: _____

Property Owner's Name and Signature required (wet signature)

Printed Name: _____ Signature: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

FOR OFFICE USE ONLY

Tree Assessed by (name/date): _____ **Approved** **Denied**

Reason for Decision: _____

Reviewed by (name/date): _____

Approved Replant Plan: No. of Trees: _____ Species: _____ Size: _____

Location: _____ Timeline: _____ 811 Notification: _____

Owner Notice: Phone Email Postal Mail **Service Request No.:** _____ **Tree No.:** _____