

CITY OF KING TREE REMOVAL APPLICATION

| Name | |
|----------------|--|
| Street Address | |
| Contact Phone | |

| Location of Tree(s) | |
|-------------------------------|--|
| Number of Trees to be removed | |

| Reason for Removal | |
|--------------------|--|
| | |
| | |
| | |

I Understand that trees that are removed may be replaced with a City approved species limited to (1) per front lot and one (1) per side yard.

Application may appeal to City Council if removal is disapproved.

Signature of Application

X_____

Date: _____

Department Use Only

□Approve □Disapprove

Public Works Superintendent: ______ Date: _____