Fee: \$55.00



CITY OF LOS ALTOS PRIVATE PROPERTY TREE REMOVAL APPLICATION

Site Address:			
Applicant:	Phone:		Email:
Assessor Parcel Number:			
Property Owner (if different fron	applicant):		
Mailing Address (if different fron	1 above):		
Type of Tree(s):			
Tree(s) Location on Property:			
			bove grade:
Are there any locked gates or dog	s that would hinder access to the	e tree(s)?	
Is the house on the property one-s	story or two-story?		
Do you anticipate any constructio	n on the property in the near fu	ture?	
Any portion of the tree trunk(s) lo	ocated on an adjacent property o	or in a public	right-of-way?
If the tree is on an adjacent prope	erty, please submit a letter grant	ing consent o	of the property owner for removal.
Reason for tree removal:			
Signature:			(Attach additional sheets if more space needed)
For City Staff Use Only:			
Received by:			Date:
Fee Paid:			
Notes:			