



Town of Embden
HAZARD TREE REMOVAL FORM

For Office Use Only

Date Received: _____

\$5.00 Fee Pd. (Receipt# _____)

Name of Applicant: _____

Mailing Address: _____

Phone Number: _____

Note: Attach sketch detailing location of trees on property.

The above applicant requests permission to:

Remove (*number*) _____ Hazard Trees located at (*physical address*)
_____, in Embden,
on Tax Map # _____, Lot # _____, and replace
with the following: (*check all applicable, and fill in number*)

(*number*) _____ Evergreen trees

(*number*) _____ Deciduous trees

(*number*) _____ Shrubs

Applicants Signature: _____

For CEO Use Only Below This Line

Approved

Not Approved

CEO Signature: _____

Date: _____