



Town of Embden
HAZARD TREE REMOVAL FORM

For Office Use Only

Date Received: _____

\$25.00 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: _____