

REQUEST FOR TREE MANAGEMENT

Date_____

Name_____

Address_____

Telephone_____Email_____

Tree Number (from tree tag)_____ Location of Tree_____

Action Requested and Reason for Request (provide as much detail as possible)_____

Statement: The tree management committee will receive and review all requests for tree management (i.e. removal, planting, alteration, other) on common property and the golf course for referral to the Salemtowne Civic Association (SCA) Board of Directors.

Review Process: Upon receipt of this "Request for Tree Management" form, the Tree Management Committee will review the request and determine what action should be taken, based on established criteria and priority. The committee will make a recommendation to the SCA Board of Directors, who will notify you of their decision. If the request is for trimming of limbs for view enhancement and the request is approved by the Board, approval of adjacent neighbors is required before trimming begins.

Internal Use Only

Date Referred to Board_____ Request Number_____

Recommendation to the Board

SCA Board Decision

Date of Board Decision_____ Board Signature_____