

Park Row Tree Removal Permit

Name of applicant: _____

Applicant address: _____

Telephone: (_____) _____ -- _____

Location of Tree _____
Building and street address if different from above

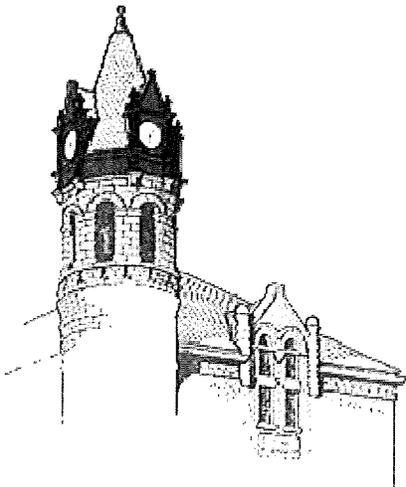
Reason for Removal

Applicants signature: _____

Tree Consultant Signature: _____

Superintendent of Street Department: _____

Date: _____



*Please return application to Stoughton
Street Department, 515 S. Fourth Street.
You will be contacted after your request is
reviewed by a city official. Please call 873
6303 if you have any questions or
comments.*