



Tree Pruning Request/Assessment Form

PROPERTY DETAILS

PROPERTY ADDRESS:	
LOCATION OF TREE	

PROPERTY OWNER'S DETAILS

OWNERS NAME :			
ADDRESS:			
EMAIL ADDRESS		PHONE:	

Tick Reason for Pruning Request *Comments (if required)	
Generally, trees will be allowed to develop their natural canopy and will not be pruned except under the following circumstances:	
Vehicle clearances;	
Pedestrian height clearance;	
Public Utility requirements;	
Maintaining property clearances;	
Protecting assets; or	
Other circumstances as approved by the Shire.	
* Comments –	

I have read and understand the Shire's CP121 Tree Management Policy.

Signed _____ Dated _____

Emergency Pruning – Notice of trees requiring immediate assessment due to potential danger resulting from storms, lightning, fire, collision, or similar should be phoned through to the Shire's Customer Services – 9724 0000.

OFFICE USE ONLY:

TREE TREATMENTS

PRUNING YES NO DETAILS _____

OTHER: MULCH, TREE TABLET, PEST MANAGEMENT ETC DETAILS _____

TREE PRUNING ASSESSMENT CRITERIA

ASSESSMENT DATE ____/____/____

OFFICER NAME: _____ POSITION: _____

FAUNA DETECTED YES NO PROFESSIONAL REQUIRED YES NO

COMMENTS

OUTCOMES/ ACTIONS REQUIRED

PRUNING APPROVED YES NO DETAILS _____

PROPERTY OWNER ADVISED YES NO DATE ____/____/____

ADJACENT PROPERTY OWNER ADVISED YES NO DATE ____/____/____

DETAILS _____

WORKS COMPLETION DATE ____/____/____

PHOTOS ATTACHED YES NO

FOLLOW UP WORKS REQUIRED? YES NO DETAILS _____

REPLACEMENT TREE ARRANGED DATE ____/____/____ REPLACEMENT SPECIES _____

DETAILS _____

NAME OF OFFICER:	
SIGNATURE:	
DATE:	

NOTE: COPY OF RECEIPT MUST BE ATTACHED TO THIS APPLICATION FORM PRIOR TO ORDER BEING PLACED.