



## Tree Removal Request/Assessment Form

### PROPERTY DETAILS

PROPERTY ADDRESS:	
LOCATION OF TREE	

### PROPERTY OWNER'S DETAILS

OWNERS NAME :			
ADDRESS:			
EMAIL ADDRESS		PHONE:	

Tick Reason for Removal *Comments (if required)	
Dead	
In a state of decline to the point that survival is unlikely;	
Structurally unsound, to the point of constituting;	
Damaging or likely to damage property, where alternatives to prevent damage are not possible;	
Part of a tree replacement program;	
Obstructing a council approved works program, such as road and drainage work;	
Places the public at unacceptable risk	
A landscape or planted verge tree that is not on the Shire's approved species list.	
<b>* Comments –</b>	

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

Signed \_\_\_\_\_ Dated \_\_\_\_\_

**Emergency Removals – 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 REMOVAL ASSESSMENT CRITERIA**

ASSESSMENT DATE \_\_\_/\_\_\_/\_\_\_

OFFICER NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

FAUNA DETECTED            YES                    NO                    PROFESSIONAL REQUIRED            YES                    NO

COMMENTS

\_\_\_\_\_  
\_\_\_\_\_

OUTCOMES/ ACTIONS REQUIRED

\_\_\_\_\_  
\_\_\_\_\_

**TREE TREATMENTS**

PRUNING                    YES      NO            DETAILS \_\_\_\_\_

**OTHER:** MULCH, TREE TABLET, PEST MANAGEMENT ETC    DETAILS \_\_\_\_\_

REMOVAL 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.