



177 North Center Street
P.O. Box 288
Versailles, OH 45380-0288
Phone: (937) 526-3294
Fax: (937) 526-4476

Date _____ Application Number _____

This is to certify that _____ Property Owner
Name Yes ___ No ___

Address _____ Phone Number _____

Location of Problem _____

Applicant has registered with the Village Offices for the purpose of:

- _____ Trimming of tree in the right-of-way
- _____ Removal of tree in right-of-way and re-planting of a new replacement tree in the right-of-way
- _____ Removal of tree in right-of-way with no replacement
- _____ Planting of tree in right-of-way
- _____ Other

Tree Type (Species) being trimmed or removed _____

Reason for Request _____

Signature of Applicant

DISPOSITION – TO BE COMPLETED BY VILLAGE TREE REPRESENTATIVE

Tree Representative Action: _____ Approve _____ Disapprove

Inspected By _____ Date _____

Comments on Decision _____

Applicant is responsible for all removal, grinding, and replacement expenses

Revised 10/15