

**CITY OF CERRITOS
PINE TREE REFORESTATION PROGRAM
REMOVAL APPLICATION FORM**

Case No. _____
(Office Use Only)

Date: _____

(Please print or type)

Property Owner(s): _____

Street Address: _____ Email: _____

Phone (home) () _____ (work) () _____

Location of the tree, condition and additional information:

Please choose the reason(s) for wanting the City tree removed:

- The tree is a nuisance
- It is causing damage to private property
- It requires excessive maintenance
- It is causing a public health or safety hazard
- Other: _____

X _____
Property Owner's Signature

FOR OFFICE USE ONLY	
<input type="checkbox"/> Approved _____ <small>(Authorized signature)</small>	<input type="checkbox"/> Denied _____ <small>(Authorized signature)</small>
<input type="checkbox"/> Approved for Removal at Homeowner's Expense _____ <small>(Authorized signature)</small>	