

For Grant Archer



# BEXLEY URBAN FORESTRY DEPT. SWEET GUM & BRADFORD PEAR REMOVAL PROGRAM

Sweet Gum/Bradford Pear Tree Removal Request and Acknowledgement Form

## Applicant Information

Name of Resident:

THOMAS M. BOLON

Address of Home:

2658 Bryden Rd

## Applicant Acknowledgment

In requesting the removal of the sweet gum(s) and/or Bradford Pear(s) on City right-of-way bordering my property, I acknowledge the following:

I have discussed the way removal may impact shade and privacy in my yard with a City arborist.

I have discussed the way removal may impact energy efficiency at my property with a City arborist.

I have discussed the way removal may impact the aesthetic and curb appeal of my property with a City arborist.

I have discussed the size of any replacement trees that might be planted, as well as their projected rate of growth and the time required to reach maturity with a City arborist.

I am aware that my tree removal will be scheduled based upon the order in which this request was received, and that the removal of unhealthy trees in Bexley will take priority.

Thomas M. Bolon

Property Owner Signature

4-23-19

Date

### Internal Office Use Only:

Date Received:

Received By:

Eligible Year:

Signature:



# BEXLEY URBAN FORESTRY DEPT. SWEET GUM & BRADFORD PEAR REMOVAL PROGRAM

Sweet Gum/Bradford Pear Tree Removal Request and Acknowledgement Form

## Applicant Information

Name of Resident:

Michael Fosnauvght

Address of Home:

680 VERNON RD.

## Applicant Acknowledgment *causing 4 sections of sidewalk to be replaced.*

In requesting the removal of the sweet gum(s) and/or Bradford Pear(s) on City right-of-way bordering my property, I acknowledge the following:

I have discussed the way removal may impact shade and privacy in my yard with a City arborist.

I have discussed the way removal may impact energy efficiency at my property with a City arborist.

I have discussed the way removal may impact the aesthetic and curb appeal of my property with a City arborist.

I have discussed the size of any replacement trees that might be planted, as well as their projected rate of growth and the time required to reach maturity with a City arborist.

I am aware that my tree removal will be scheduled based upon the order in which this request was received, and that the removal of unhealthy trees in Bexley will take priority.

*[Handwritten Signature]*

Property Owner Signature

4/24/19

Date

### Internal Office Use Only:

Date Received:

Received By:

Eligible Year:

Signature: