



**DEPARTMENT OF LANDSCAPE ARCHITECTURE
REQUEST FOR TREE REMOVAL PERMIT**

Date of Request_____

1. Address_____

2. Community_____

3. Applicant's name_____

4. Contact information:

• phone_____

• email_____

5. Purpose for request_____

6. Location of tree(s)_____

7. Species_____

Once you have completed the information above, please fax or email this form to our Urban Forester, Keith Shriver @ kshriver@plantation.org.

If you have any questions about the information requested above, please call or visit us at:

**The Department of Landscape Architecture
401 NW 70 Terrace, Plantation Florida 33317
PH: 954.797.2704
FX: 954.797.2793**