



DESIGN, LANDSCAPE & CONSTRUCTION MANAGEMENT REQUEST FOR TREE REMOVAL PERMIT

Date of Request: _____

1. Address: _____

2. Community: _____

3. Applicant's name: _____

4. Contact information:

• phone _____

• e-mail _____

Purpose for request: _____

Location of tree(s): _____

Species: _____

Once you have completed the information above, please fax or e-mail this form to our Urban Forester Program Coordinator, Suzee Newman at snewman@plantation.org

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

Design, Landscape & Construction Management

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Plantation Florida 33317

PH: 954.797.2652

FX: 954.797.2793