

ADOPT A TREE

RECORD NO :

FILE NO : 14.16.5

REQUEST FORM

APPLICANT			
NAME			
ADDRESS		POSTAL	
MOBILE PHONE		ALTERNATE NUMBER	
EMAIL			

DETAILS			
TREE PREFERENCE	<input type="checkbox"/> DECIDUOUS (Loses leaves in cooler months) <input type="checkbox"/> EVERGREEN (Stays green all year) <input type="checkbox"/> NATIVE (From around here – local/Australian) <input type="checkbox"/> EXOTIC (Not from Australia) <input type="checkbox"/> I don't mind (Let Council choose)		
ARE YOU ON A CORNER BLOCK?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
OVERHEAD POWERLINES?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>Please note: We may not be able to plant a tree on your street frontage. Constraints include: street signs, street Lights, power lines, etc.</p> <p><i>We will recommend what is possible and best suited to your specific location (right tree in the right place).</i></p>			

DECLARATION			
I declare that the information I have provided is true and correct. I agree to comply with any reasonable directions issued by an Officer of Council.			
SIGNATURE		DATE	

OFFICE USE ONLY			
APPROVED	<input type="checkbox"/> YES <input type="checkbox"/> NO	DATE	
CONDITIONS			
AUTHORISED OFFICER		SIGNATURE	