

TREE FELLING PERMIT-TROY BOROUGH

NAME OF PROPERTY OWNER \_\_\_\_\_

ADDRESS OF PROPERTY \_\_\_\_\_

IS GRANTING PERMISSION TO FELL \_\_\_\_\_ (# OF TREES)

\_\_\_\_\_ (KIND OF TREES).

PERMIT IS VALID FOR 30 DAYS

\_\_\_\_\_  
PROPERTY OWNER

\_\_\_\_\_  
TREE CONTRACTOR

\_\_\_\_\_  
BOROUGH MANAGER/SECRETARY

\_\_\_\_\_  
DATE

\_\_\_\_\_ PROOF OF INSURANCE ATTACHED