



TREE CITY USA®

THE CITY OF URBANA, OHIO
ASH REMOVAL AND CANOPY RESTORATION
REPLACEMENT TREE APPLICATION

Application Date: _____
Name of Property Owner: _____
Address of Property: _____
Contact Person: _____
Daytime Phone Number: _____ Work Phone Number: _____
Cell Phone Number: _____

Tree Selection:

Choice #1 _____

Choice #2 _____

Choice #3 _____

By participating in the City of Urbana's Tree Planting Program, I understand and agree to the following:

- 1) The City of Urbana reserves the right to determine if the selected tree is the correct tree for the chosen site in accordance with the City of Urbana shade tree ordinance.
- 2) The City of Urbana reserves the right to conduct tree pruning and maintenance activities as are deemed necessary by the city.

Signature _____ Date _____

Office Use Only

Received By: _____ Date _____

Return Form to: City of Urbana, Attn: Doug Crabill 205 South Main Street Urbana, OH 43078