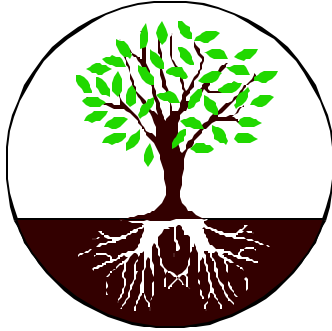


**CITY OF MORRISON
TREE PLANTING PROGRAM APPLICATION**



LEAVE BLANK: FOR OFFICE USE

Received:

Date _____

Time _____

NAME: _____

ADDRESS: _____

PHONE: _____

Please complete all sections of this APPLICATION and return to CITY HALL,
200 West Main Street.

1. Indicate the condition under which you are making application for a parkway tree.

A. _____ TREE REPLACEMENT: To replace a previously existing tree lost
to disease, storm damage, or city removal.

B. _____ NEW PLANTING: I am requesting a tree as a new planting.

2. From the APPROVED PARKWAY TREES list, please indicate the type of tree to be
planted. _____

3. SKETCH: Please complete the sketch on the reverse side showing location of
requested tree.

(OVER )

SKETCH

SIDEWALK (FRONT PROPERTY LINE)
CURB

Please indicate the location of the requested tree providing distances from sidewalk, curb, corner (if applicable), and any other parkway trees.



FOR OFFICE USE ONLY:

This application has been reviewed and is approved for participation in the Fiscal Year 200_____ TREE PLANTING PROGRAM. Property owner should submit copy of paid bill to the City for 50% reimbursement of cost (maximum of \$25.00)

Signature

Date