



## CITY OF COLUSA

## TREE REMOVAL REQUEST

NAME:

ADDRESS:

PHONE NUMBER:

SITE ADDRESS:

TREE PLACEMENT IS UNDER HIGH VOLTAGE POWER LINES:

☐

Yes

☐

No

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Species /Tree to be removed

Qty.

On  
Master List☐☐☐☐☐☐

## AGREEMENT

I AGREE TO HOLD HARMLESS THE CITY OF COLUSA, ITS AGENTS, OFFICERS, AND EMPLOYEES FROM ANY DAMAGE OR INJURY WHATSOEVER CAUSED BY OR IN ANY WAY RELATED TO THE PLANTING, PLACEMENT, MAINTENANCE, OR REMOVAL OF THE TREE. THE OWNER OR OWNERS OF THE RESPECTIVE PROPERTY SHALL BE SOLELY LIABLE FOR ANY DAMAGES.

Signature

Date

## For City Use Only:

Received:

Approved:

Payment Rec'd:

Cash:

Check#

Initials

Comment/Notes: