



Upper Dublin Township Shade Tree Commission
TREE PRUNING/REMOVAL APPLICATION

Requested By: _____

1. Property Owner's Name: _____

2. Property Owner's Address: _____

3. Property Owner's Phone: _____ Best time to call: _____

4. Location of Tree on Property: _____

5. Tree Species: _____

6. Approximate Age of Tree: _____ Diameter (DBH) of Tree Trunk _____

7. Overall Condition of Tree: _____

8. Reason for Tree Pruning/Removal: _____

9. Describe Proposed Tree Pruning (please send photo of tree):

10. Property Owner's Signature: _____ Date: _____

11. Contractor's Name: _____

12. Contractor's Signature: _____

Submit completed application to:
Ralph Alessandrini, Public Works Director
ralessandrini@upperdublin.net or 215-643-1600 x3807

(For Internal Use Only)

Approved Approved with Conditions Disapproved

Reviewed By: _____ Date: _____