



# TOWN OF SEDGEWICK

4818-47 Street  
Sedgewick, AB  
T0B 4C0  
Phone: 780-384-3504  
Fax: 780-384-3545

## Application for Tree Pruning/Removal

Application # \_\_\_\_\_

Date: \_\_\_\_\_

I hereby make application for the pruning or removal of a tree(s) as per the following information.

**Applicant:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Civic Address adjacent to tree: \_\_\_\_\_

**I am requesting...**

- pruning       removal

**Reason:**

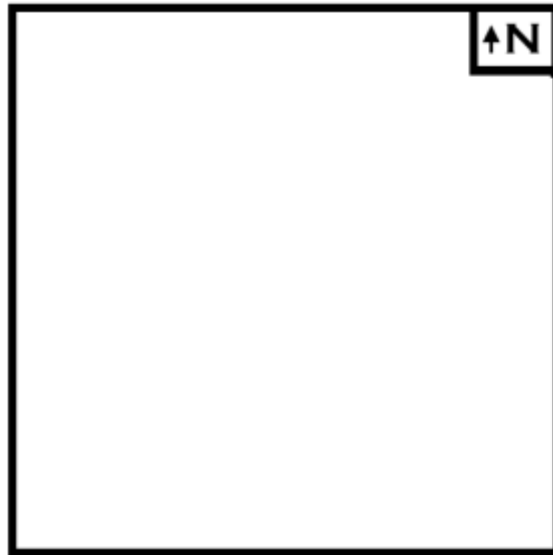
- Dead  
 Diseased  
 Safety Hazard  
 Other

Please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Sketch:**

(please identify civic address in sketch as per above and location of street or intersection)



\*Please note that the Town's mandate is to avoid removal of healthy trees on boulevards if possible

**Approved**

**Denied**

**Applicant responsible for costs**

\_\_\_\_\_  
CAO  
Town of Sedgewick

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date