

4818-47 Street Sedgewick, AB TOB 4C0

Phone: 780-384-3504 Fax: 780-384-3545

Application for Tree Pruning/Removal

Application #	Date:
I hereby make application for the pruning or remova	I 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:	
*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

Collection and use of personal information: This personal information is being collected in accordance with the *Municipal Government Act*, R.S.A. 2000, c. M-26, (MGA) and is protected by the privacy provisions of the *Freedom of Information and Privacy Act*, R.S.A. 2000, c.F25 (FOIP), unless disclosures are authorized under the *MGA*. This information will be used to address the application above. If you have any questions about the collection and use of your information, contact Town of Sedgewick at 780-384-3504.

Date