TREE REMOVAL REQUEST City of DeWitt, 414 E. Main Street Ph# 669-5466/Fax # 669-8211

	Site View Diagram (Mark proposed tree locations)
Name:	Daytime Ph#
Address:	Date:
many of the disease, suc	igorous landscapes have a mix of native species, including a mix of trees. To same type of tree can make conditions ripe for a serious insect problem or the as gypsy moth infestation or Dutch Elm Disease. Also, a 1998 inventory of the conditions
therefore re	were maples. The forester encouraged more diversity. The City of DeWitt
therefore re species with Nevertheles City's right an incurably	commends, as a general policy, retaining as many examples of different trees thin the city limits as is reasonably possible. ss, situations arise in which existing trees on City land or located within the
therefore re species with Nevertheles City's right an incurably otherwise b To obtain a of-way, or s	were maples. The forester encouraged more diversity. The City of DeWitt commends, as a general policy, retaining as many examples of different tree hin the city limits as is reasonably possible. ss, situations arise in which existing trees on City land or located within the of-ways need to be removed. These situations include a dead or dying tree y diseased or infested tree, or a tree that constitutes a hazard that cannot

Second, describe in the following space the reason(s) why you believe that the tree should be removed.	
Third, provide a diagram (either on the space provided on page 1 of this form or on a separate pieced of paper and attach to this application) of the curb tree lawn or other City controlled property showing the location of the tree(s) to be removed, including approximate distances from the street centerline, curb line, property lines, and public buildings which show lot lines, other existing trees, fire hydrants, street signs, utility poles, sidewalks, and driveways.	
Fourth, place a non-destructive marker on the tree(s) that you seek to have removed, such as a tape or water-based stripe.	
Fifth, provide all information requested on the front page of this form and either deliver, mail or e-mail your completed form to: info@dewittmi.org.	
City of DeWitt 414 E. Main Street DeWitt MI 48820	
Within 14 days after completing the five steps listed above, the City will let you know whether your request has been granted.	
(Below this line is for City use only)	
Date Received by the City:/	
Date Forwarded to the Department of Public Services, with one copy to the City Administrator:/	
DPS decision: Approved (Date:/)	
Disapproved (Date:/)	

4. If disapproved by the DPS or objected to by the City Administrator, date on which the City Clerk or designee notified the applicant that the permit has been denied:

Reason for the disapproval of the application:

____/____.

1.

2.

3.