



DEPARTMENT OF PUBLIC SERVICES
CITY OF NEWBURYPORT

REQUEST FOR STREET TREE REMOVAL HEARING

Name of person(s) requesting tree removal

Mailing Address

Email address

Phone number

Tree Specie

Height

Circumference at Breast Height

Address of Tree (if different from above)

Specific reasons for the request and an explanation of both the necessity and the benefit to the City of the removal

Date

Signature of the Requesting Party(ies)

Office Use Only

Request and payment for public notice received by _____:

Date _____

Date _____

Tree Warden's signature

Hearing date: _____ Time: _____ Location: _____

Hearing notice publication dates: _____ and _____

Hearing notice posting date: _____ Posted on tree _____

Hearing notice posting locations: (1) _____

(2) _____