

City of Willows - Street Tree Service Request

Fill-out the form below and return to:
Public Works Dept. | 201 N. Lassen St., Willows, CA 95988 | Phone: 934-7041 Fax: 934-7402

Applicant Information

Name: _____ Phone: _____

Email: _____

Address: _____ Willows, CA 95988

Street Tree

Location Address: _____
(if same as above, leave blank)

Identification

Location Description: _____

Tree Species or Description: _____

Service Requested

Pest/Disease Control Prune Remove

Reason for Request: _____

Acknowledgment

I acknowledge that I am the Owner (or the owner's duly authorized representative) of the property immediately adjacent to the tree described above and will comply with City Tree Ordinances and associated Policies and Procedures.

I understand if the request is approved, I may be required to plant a replacement tree.

_____ Date: _____

Applicant's Signature

OFFICE USE ONLY

This Request is:

Approved with the following conditions:

City crews will remove the tree(s) as workload permits

Stump(s) shall be ground to an acceptable level according to nearby utilities

The Owner shall replant a suitable tree(s) from the City's Approved Street Tree List (available online at www.cityofwillows.org or in City Hall) in such a manner that spacing will not encroach on line-of-site for drivers and trees shall not be planted closer together than specified on list, nor interfere with overhead utilities. New tree(s) may be planted on your property rather than on City right-of-way if it is impossible to plant new one(s) due to the old roots and any other obstacles that would prohibit planting them within the area that the above tree(s) are removed.

This Request is:

Denied with the following explanation:

Authorizing Signature

_____ Date: _____

Parks & Public Works Director

USPS Mail Sent: YES NO
Email Sent: YES NO
Phone Call: YES NO