



COMMUNITY SERVICES DEPARTMENT
URBAN FOREST DIVISION
231 North Whisman Road, P.O. Box 7540
Mountain View, CA 94039-7540
650-903-6273 | Trees@MountainView.gov

STREET TREE REMOVAL REQUEST

This application is for non-Heritage street trees only

Location of Tree (address): _____

Name of Applicant: _____ Date: _____

Address: _____

Phone: _____ Email: _____

Name of Property Owner (if different from applicant): _____

Address: _____

Phone: _____ Email: _____

No. of Tree(s): _____ Type of Tree(s): _____

REASON FOR REQUEST: _____

I recognize that the City of Mountain View places a high value on the community urban forest, and I will observe City guidelines, codes, and master plans related to trees by agreeing to replant trees as determined by the City.

Applicant's Printed Name: _____ Signature: _____

Property Owner's Name and Signature **REQUIRED**

Printed Name: _____ Signature: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

FOR OFFICE USE ONLY

Tree Assessed by (name/date): _____ **Approved** **Denied**

Reason for Decision: _____

Approved Replant Plan: No. of Trees: ____ Species: _____ Size: _____

Owner Notice: Phone Email Postal Mail **Service Request No.:** _____ **Tree No.:** _____