

Sausalito Marin City School District

Request for Tree Alteration

Name _____ Business: _____
Address _____ Phone: _____
City _____ State _____ Zip Code _____ Residence: _____
Assessor's Parcel # _____

Please attach a photograph or draw a detailed map showing location of tree(s) in relation to applicant's property.

Size/Height of Tree(s): _____

Number of Tree(s): _____

Species of Tree(s): _____

Specify in detail the alterations you are requesting:

Reason for Request: Safety Tree(s) Health Aesthetic qualities of applicant's property

Please Specify/Describe:

Date: _____ Signature: _____

For District Use

Approved Denied

Reason for discussion and conditions:

Post by street on or before

Authorizing Signature: _____

Effective Date: _____

Approval Expires on: _____

Authorization must remain posted until work is complete.