

# **CITY OF RIVERGROVE, Oregon**

**PO Box 1104 - Lake Oswego, OR 97035**

**503.639.6919 – Fax 503.624.8498**

**cityofrivergrove@yahoo.com**

## **Tree Cutting Permit Application**

Please attach Arborist's Report and Permit Fee, if applicable.

Date of Request: \_\_\_\_\_ Is this an emergency? YES: \_\_\_\_\_ NO: \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address \_\_\_\_\_

How many trees are you requesting for cutting? \_\_\_\_\_ How large are the tree(s)? (circumference, as measured 4.5 feet from the ground): \_\_\_\_\_

What is/are the species? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is this tree dead, dying, or dangerous? \_\_\_\_\_ If

dying or dangerous, do you have an arborist's report? \_\_\_\_\_ If so, please attach.

Please describe their location on the property, why the trees are being removed and any emergency situation:

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