

CITY OF COOS BAY

Public Works & Community Development Department
500 Central Avenue, Coos Bay, Oregon 97420
Phone 541-269-8918 Fax 541-269-8916

Date: _____

RIGHT OF WAY TREE REMOVAL REQUEST

APPLICANT/AGENT shall provide the following information: (Please Print)

1. _____
Name Address

2. _____
Telephone Email

3. _____
Location of Tree

4. Reason for Requested Removal: _____

The City suggests/recommends the applicant hire a certified arborist, at applicant's expense, to evaluate the tree which is sought to be removed, and provide a copy of the arborist's report with this request.

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Staff Review/Recommendation: _____

Date Referred to Tree Board/Meeting Date: _____

Tree Board Recommendation: _____

Date Abutting Property Owner Notified: _____

Date Applicant Notified: _____

Date Tree Removed/Inspected: _____