

# Incorporated Village of Malverne

99 Church Street • Malverne, NY 11565-1726 • Phone: 516-599-1200 • Fax: 516-599-0613

## STREET TREE REMOVAL APPLICATION

Date: \_\_\_\_\_

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

Phone # \_\_\_\_\_

Email: \_\_\_\_\_

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

Number and Type of Tree(s) Requested for Removal \_\_\_\_\_

Reason for Removal: \_\_\_\_\_

Specific Location of Tree \_\_\_\_\_

As a stipulation of the Village removing the street/curbside tree at the sole cost and expense to the Village, I understand that I am agreeing to replant a replacement tree on the curb strip or my front yard. I understand that if I select a replacement tree from the list of suitable trees offered by the Village, the Village shall pay a portion of the new tree and replacement, if done by the Village. I acknowledge that commencing one (1) year from the tree placement, I shall assume full responsibility for the new tree.

I certify I am the property owner/representative authorized to make this application and that all statements contained are true and that all work shall conform to the current NYS Residential, Building, Fire, Existing Building, Property Maintenance and all Village Ordinances for which this permit is issued. No work is to be performed without permission of the Incorporated Village of Malverne. I agree to hold harmless the Village of Malverne, its agents, officers, and employees for any damage or injury caused by reason of planting, placement, maintenance, or removal of trees.

Signature of Applicant: X \_\_\_\_\_  
*Sign in presence of a Notary Public*

Notary Acknowledgement:  
State of New York  
County of Nassau

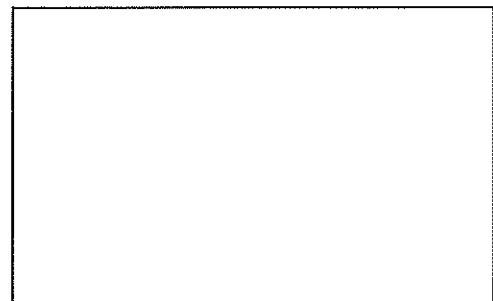
Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Notary Signature \_\_\_\_\_

Seal:



Village Time/Date Stamp



(For Office Use Only)

10/23

DATE: \_\_\_\_\_  Granted  Denied

Reason: \_\_\_\_\_

Conditions: \_\_\_\_\_

Removed BY: DPW \_\_\_\_\_ ASPLUNDH \_\_\_\_\_

Date Removal Completed: (if applicable) \_\_\_\_\_