

## Government of the United States Virgin Islands **Department of Agriculture**



ST. CROIX: #1 Estate Lower Love, Kingshill, V.I. 00850 • T: (340) 778-0997 • F: (340) 778-0997 ST. THOMAS: #7944 Estate Dorothea, St. Thomas, V.I. 00802 • T: (340) 774-5182 • F: (340) 774-1823 ST. JOHN: #11 Estate Carolina, Coral Bay, V.I. 00830 • T: (340) 776-6274 • F: (340) 693-5065

## REQUEST FOR TREE PRUNING OR REMOVAL

|  | (In accordance with Act 8149, the Community and Heritage Tree Li |  |                            |      |  |
|--|--|--|----------------------------|------|--|
| Applicant Information (please print)   |  |  |                            |      |  |
| Name:  |  |  |                            |      |  |
| Last   | First  |  | Middle Initial             |      |  |
| Cell Phone:  | Hor  | Home Phone:  |                            |      |  |
| Email Address:   |  |  |                            |      |  |
| Dendrology (please print)  |  |  |                            |      |  |
| Address & Location of Tree:  |  |  |                            | ·    |  |
| Are you planning to prune or remove the tree? (circle one                          | <u> </u>   | PRUNE  | REMOVE                     |      |  |
| Type of Tree:  |  | Approximate Size of Tree: feet   |                            | feet |  |
| Signatory  |  |  |                            |      |  |
| Print Name:  |  |  |                            |      |  |
| Applicant's Signature:   |  | Date:  |                            |      |  |
| PLEASE NOTE THAT ANY LIABILITY INCURRED E<br>AFOREMENTIONED TREE IS EXCLUSIVELY TH |  |  |                            |      |  |
| FOR DEPARTMENTAL USE ONLY  |  |  | Certificate of Use         |      |  |
| The tree on this application was inspected on:                                     |  | In accordance with authority granted by Act 8149, it is hereby   |                            |      |  |
| And the inspector had the following comments:                                      |  | certified that the claim as to the above listed activity is: Correct as listed and is hereby approved. |                            |      |  |
|  | -  |  | dered valid or application |      |  |
|  |  | ommissioner  |                            |      |  |
| (please confirm accuracy of information provided in comment:                       | :s)  |  |                            |      |  |

Date