

City of Cape May
Shade Tree Commission
Street Tree **Trim** Request

Date: _____

Name of Property Owner: _____

Property Address: _____

Owner's Phone # _____ Email: _____

Species of Tree: _____ Trunk Diameter: _____

Location of Tree: _____

Reason for Trimming: _____

BELOW SECTION FOR COMMISSIONER/OFFICE USE ONLY:

Approved? _____ YES _____ NO

Commissioner Comments: _____

Commissioner Signature: _____

IF APPROVED THE CITY LANDSCAPER WILL PERFORM THE WORK. YOU DO NOT HAVE PERMISSION TO REMOVE OR TRIM A TREE.