Waterfall at Lake Burton
Property Owners Association

TREE REMOVAL REQUEST

Name_____   Date   _____

Block & Lot #   _____   Phone _____

Street Name   _____

RE: Number of Trees to be Removed: _____

Type of tree to be Removed: _____

Approx. Height of Tree(s): _____

Diameter of Tree(s): _____

Location of Tree(s) _____

We are concerned about the tree(s) in our yard because the tree(s) a potential hazard because:

_____ The tree(s) are diseased
_____ The tree(s) are a windstorm hazard
_____ The tree(s) are a hazard to my property and/or a neighbor's property
_____ The tree(s) are dead
_____ Other
_____
_____

We are requesting permission to remove the tree(s) listed above from the Waterfall Property Owners Association.

Applicant signature: _____   Date_____

( ) Approved   ( ) Disapproved   ( ) Conditionally Approved

ARC Signature: _____   Date _____