

**VILLAGE OF VERSAILLES  
TREE TRIMMING/REMOVAL/PLANTING REQUEST FORM**

Date: \_\_\_\_\_ Application Number: \_\_\_\_\_

This is to certify that \_\_\_\_\_ Property Owner?  
Name Yes \_\_\_ No \_\_\_

\_\_\_\_\_  
Address Phone No.

Location of problem: \_\_\_\_\_

Applicant has registered with the Village Offices for the purpose of:

\_\_\_\_\_ Trimming of tree within the right-of-way.

\_\_\_\_\_ Removal of tree within the right-of-way and the replanting of a new replacement tree within the right-of-way. **(Replacement trees must be planted within six months from the date the Tree Commission grants approval of the request and will be paid for by the Village.)**

\_\_\_\_\_ Planting of tree within the right-of-way.

\_\_\_\_\_ Other: \_\_\_\_\_

Tree Type (Species) \_\_\_\_\_

Reason for Request \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

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**DISPOSITION - TO BE COMPLETED BY TREE COMMISSION MEMBERS**

Tree Commission Action: \_\_\_\_\_ Approve \_\_\_\_\_ Disapprove

Inspected By: \_\_\_\_\_ Date: \_\_\_\_\_

Comments on Decision: \_\_\_\_\_