

FC# _____

Hedding Camp Meeting Association
Application For Tree Removal
(over 2" in diameter)

Cottage Owner: _____

Address: _____

Phone #: _____ Email: _____

Location & description of trees to be removed, use the reverse for a diagram.

(Please note if marking trees for identification make sure the markings are not permanent)

Reason for Removal: e.g. dead, leaning, dropping branches, etc

Request:

____ I want to remove myself or with an approved Hedding contractor

____ I want Hedding to remove the trees

____ I want stump(s) removed

Submit to Board of Trustees – email: Heddingtrustees@gmail.com or drop off at the studio

This section to be completed by Forestry Committee and Board of Trustees prior to Owner signoff

Locations of Tree(s): _____ Hedding _____ Private - Lot location _____

If there are mixed locations for trees, fill in new application for Hedding trees & record new

FC# _____

____ Owner supplied contractor to complete

Note: contractor must be an approved contractor with Hedding, all wood must be removed or stacked

Estimated cut date: _____ Please notify the Board prior to confirmed onsite date

____ Hedding contractor will complete

Cost Estimate: Tree(s) _____ Stump(s) _____ Total _____

Estimated cut date: _____

Forestry Reviewer: _____ Date: _____

Board of Trustees: _____ Date: _____

Cottage Owner: _____ Date: _____

Use space below for a diagram

(Please note if marking trees for identification make sure the markings are not permanent)