



# Demarest Shade Tree Commission

## Tree Planting Request Form

Name of Applicant: \_\_\_\_\_

Street Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work /Cell Phone: \_\_\_\_\_

Specific Location Desired for Planting: \_\_\_\_\_

Number of Trees Requested: \_\_\_\_\_

Species of Trees Desired: \_\_\_\_\_

Property Owner's Signature \_\_\_\_\_

Date \_\_\_\_\_

Return To:

**Demarest Shade Tree Commission**  
**118 Serpentine Road**  
**Demarest, NJ 07626**  
**201-768-0167 ext. 130**  
**lcampbell@demarestnj.gov**

◆.....◆  
Date Received: \_\_\_\_\_

Date of Site Check: \_\_\_\_\_

Approved      Denied

\_\_\_\_\_  
Commissioner's Signature

\_\_\_\_\_  
Date

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_