



CITY OF COUNTRYSIDE
SHARED COST TREE REMOVAL PROGRAM REQUEST

Date: _____

Aldermen; _____ and _____

Ward: _____

Please check the following listed tree(s) and determine if it (they) fall within the
“dead-diseased-storm damaged-nuisance” category.

Homeowner: _____

Property Address: _____

Telephone Number: _____

Number of Trees: _____

Specific Location: _____

Problem: _____

Date: _____

To: Clerk's Office

I have personally inspected the above mentioned tree(s), and determined it (they):

Qualify/Reason: _____

Number of trees marked: _____

Alderman Signature: _____

Special instructions: _____

Contractor with the lowest bid	
Bid amount	
Resident cost	
City cost	