

DETROIT BEACH ASSOCIATION, INC

## TREE REMOVAL REQUEST FOR RESORT DISTRICT AUTHORITY

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DATE

PRINT PROPERTY OWNER NAME

PHONE #

PRINT PROPERTY ADDRESS (GIVE BRIEF LOCATION/ DESCRIPTION OF TREE. IF ON A CORNER STATE WHICH SIDE OF LOT)

IT IS BELIEVED THAT THE ABOVE REFERENCED TREE(S) LOCATED ON MY PROPERTY MAY BE ELLIGABLE FOR REMOVAL THROUGH THE RESORT DISTRICT AUTHORITY'S TREE REMOVAL PROGRAM.

I HEREBY GIVE CONSENT TO THE DETROIT BEACH ASSOCIATION, AND THE RESORT DISTRICT AUTHORITY TO VERIFY THE COMPLIANCE OF THIS REQUEST WITH PROGRAM GUIDELINES AND ARRANGE TO HAVE THE TREE(S) REMOVED THROUGH THE PROGRAMS FUNDING.

PROPERTY OWNER SIGNATURE

DATE

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*THE ASSOCIATION GIVES CONSENT FOR REMOVAL THROUGH THE PROGRAM.*

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AUTHORIZED SIGNATURE FOR DBA

DATE