



TREE TRIMMING PERMIT

City of Klamath Falls Parks Department
226 S. 5th St., Klamath Falls, OR 97601

Permit Number(s): _____

APPLICANT INFORMATION

Please check primary contact person

Applicant Name: _____ Daytime Phone: _____

Address: _____

Owner Name (if different than applicant): _____ Daytime Phone: _____

Address: _____

CONTRACTOR INFORMATION

Contractor Name: _____ Daytime Phone: _____

Return Fax and/or email: _____

SUBJECT SITE INFORMATION

Property Address: _____

- Tree Removal - Number of trees and stumps to be removed _____
- Size, species and number of trees proposed to replace those removed:
Species _____ Size _____ Number of trees replacing _____
- Tree Trimming – Number of trees to be trimmed _____ Type / Species _____
- Expected date of completion _____

(Note: **Applicant is responsible for calling the City when the work is complete**)

THIS PERMIT IS VALID FOR 30 DAYS FROM THE ISSUE DATE

Signatures

Property Owner(s) or Authorized Representative _____ Date _____

City Parks Department _____ Date _____

City of Klamath Falls Parks Department – Phone: (541) 883-5391

OFFICIAL USE ONLY

Date Received: _____ Date Approved: _____

Permission is granted according to the application with the following conditions: _____
