## **SPOA – TREE REMOVAL FORM**

Request to cut trees on My Shagbark Property

Owner's Name:	
Property Address:	
If no address, please show Section:	Lot:
Telephone No:E	mail Address:
removal plan/drawing should be attached show banded with brightly colored surveyor's level to be easily identifiable. We sugge	like to remove trees on my property in Shagbark. A tree ving which tree(s) will be removed. <b>Trees must be</b> tape. Place the band about 5' above ground est red or pink. The committee will visit your property to ure the removal complies with the covenants & restrictions.
The reason I am asking to remove is:	
☐ Tree is dead	
Tree is endangering my	
Tree is impacting my sep	otic/well
Tree is a fire hazard	
	e full responsibility and will make restitution for all damage hboring property as a result of the activities described on
Please describe your project:	
Planned Start Date:	Expected Completion Date:
If the project exceeds \$3,000, please include: Name of contractor or person doing work.	
Tennessee Home Improvement or Contractors	License Number:
Contractor Address:	
Contractor Phone No:	
Property Owner Signature:	
This form must be submitted to SPOA office, a	nd approved <b>before</b> the project begins, in person, by fax oa.com Please allow up to two (2) weeks for approval.
Received by SPOA (signature):	Receipt Date: