



# Colerain Township

**PUBLIC SERVICES DEPARTMENT**

Kevin Schwartzhoff, Director

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(513) 385-7502 · FAX (513) 245-6503 · [www.colerain.org](http://www.colerain.org)



## **TREE REMOVAL FROM THE RIGHT OF WAY**

Print Name \_\_\_\_\_

Telephone # \_\_\_\_\_

We, the undersigned, give permission to the Colerain Township Public Works Department, to cut down and remove the tree in front of \_\_\_\_\_ within the Colerain Township right of way. Permission is granted for removal of the tree.

<b>PROPERTY OWNER</b>	Signature	_____
	Address	_____
	Date	_____

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### **OFFICE USE**

_____	_____	_____
Size	Height	Diameter

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Obstructions

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Material needed

Date Tree Removed \_\_\_\_\_

Date Completed \_\_\_\_\_

\*NOTES: AS DETERMINED BY ARBORIST, TREE REMOVAL MAY NOT BE REQUIRED.  
THE TOWNSHIP WILL NOT BE RESPONSIBLE FOR THE REMOVAL OF THE STUMP.

