Dead or Dying Tree Removal

Date: _______________________

Part 1: Applicant and site details

1. Details of the property owner

Property Owner to retain completed form for minimum 2 years.

Title: □ Mr □ Mrs □ Miss □ Ms □ Other ..................

Family name (or company) ...........................................................................................................

Given name/s ..........................................................................................................................

Postal address ...........................................................................................................................

................................................................................................................................. Postcode ..................................

Phone........................................Alternative phone ..................................................

E-mail ..........................................................................................................................

Only if a company:

Contact person .................. Reference no ..................

2. Location and title description of the property

To correctly identify the land.

Unit No ..........House No .......Street..................................................

Locality ......................................................................................................................

Lot(s)..................Section .................................................................

Deposited Plan(s) ........Strata plan ..............................................................

Other .........................................................................................................................

(Get these details from the rate notice or property deeds, or from Council property maps)

Part 2: The Arborist or person who undertook removal of the tree

3. All requirements must be completed for this to be a valid form

Qualification (minimum AQF Level 3 in arboriculture and relevant experience in accordance with Part A, Section 6.0 of the Urban Forest Technical Manual.)

Business Name: ..............................................................................................

Qualification and Certificate Number: ..........................................................

Name: ............................................ Phone: ...........................................

Address: ...............................................................................................................

As the person who undertook the removal I have:

1. carried out a thorough inspection of ......................(number) tree/s

...........................................................................................................................

(circle A or B)

A. determined that the tree/s demonstrates reduced growth rate/s, sparse foliage and reduced response to damage or stress over subsequent growing seasons, or

B. that the biological function of the tree has ceased, no leaves are present and visible evidence of trunk, root plate and canopy desiccation, and
2. assessed each tree for hollows or other likely habitat, and either (circle C or D):
   C. found no evidence, or
   D. advise that local wildlife group (eg. Wires) attend during removal, and
3. attached appropriate clear photos to adequately demonstrate the selection of either 1A or 1B above, and
4. only removed tree/s where their condition met the requirements of 1A or 1B above, and there was no practical alternative to retain them, and
5. provided a site plan on page 2 to show where the tree was located in relation to the dwellings and boundaries.

Signature of person who owns Tree: .................................................  Date:  ..........................

Signature of inspecting Arborist: .................................................  Date:  ..........................