

**ANNEXURE C**

**REQUEST FOR THE REMOVAL OF TREES**



**NAME:** \_\_\_\_\_

**DATE OF REQUEST:** \_\_\_\_\_

**CONTACT DETAILS:** \_\_\_\_\_

**ADDRESS (where tree is to be removed):** \_\_\_\_\_

**TYPE OF TREE:** \_\_\_\_\_

**OWNERS REASON FOR REMOVAL:** \_\_\_\_\_

**WILL THE OWNER COMMIT TO PLANTING & CARING NEW INDIGENOUS REPLACEMENT TREES:**

**YES / NO** \_\_\_\_\_

\_\_\_\_\_  
**RESULT OF INVESTIGATION:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FOR OFFICE USE ONLY**

Investigation done by \_\_\_\_\_

Recommendation \_\_\_\_\_

Approved/Denied \_\_\_\_\_

Director or Delegated Authority \_\_\_\_\_

\_\_\_\_\_