



CITY OF PORT COLBORNE

Municipal Offices
 66 Charlotte Street
 Port Colborne, Ontario
 L3K 3C8
 www.portcolborne.ca

**NOTICE OF DESIGNATION
 FOR REMOVAL OF ADJACENT TREE**

1. LOCATION OF TREE DESIGNATED FOR REMOVAL

<input type="checkbox"/>	Street Number	
	Address	
	Owner:	
	Phone Number:	
<input type="checkbox"/>	Location of Tree	
	Address:	
	Species of Tree	
	Reason for Removal	[] dead [] decayed [] damaged [] diseased [] visibility issue [] other
	Type of Removal	[] branches/trimming [] partial removal [] full removal incl stump
	Removal by:	[] owner [] City of Port Colborne or agent
	Removal Date:	On or about -
	Date:	
	Print Name:	
	Signature:	

Notice of Objection

If you wish to dispute the Notice of, Designation for Tree Removal fill out the below noted information and deliver this form in person or via registered mail to the Director of Engineering within 14 days of the date of the Notice of Designation for Tree Removal.

<input type="checkbox"/>	Owner	
	Name:	
	Address:	
	Phone Number:	
	Email Address	
	Reason for Objection	

Signature _____ Date _____