TULARE RECREATION AND PARKS DEPARTMENT
**Parkway Tree Service Request and Parks Division Report**
OFFICE (559)684-4310   ●   FAX (559)685-2323

Name of Property Resident: _____

Name and Address of Property Owner:_____

Address of Tree: _____

Name/Telephone Number of Person Making Request:_____

Type/Species of Tree & Number of Trees:_____

**Action Requested:**

☐ Request for street tree removal                    ☐ Request for Heritage tree inspection

☐ Disease identification requested by property owner/resident     ☐ Inspect hazardous condition

Additional Comments: _____
_____

Indicate tree type(s) to be planted along parkway per street tree list attached, if seeking a planting permit:
_____
_____

Reason for Request: _____
_____
_____

| OFFICE USE ONLY |
|---|

**Manager/Supervisor Report:**

Width of City right-of-way:_____Feet          Width of Sidewalk:_____Feet

Width of Roadway: _____Feet          Building Setback: _____Feet

Height Overhead Lines: _____Feet          Type of Buildings: _____Feet

Kinds of existing trees on block: _____
_____

Approximate tree size:  Height:_____  Width:_____    Caliper:_____

General Condition of tree:   Good   Fair   Poor      Other:_____

Recommendation:  ☐ Approve Permit  ☐ Deny Permit      Require Re-plant? ☐ Yes*      ☐ No

Basis for the denial/approval of request:_____
_____
_____

_____          Date_____
Parks Supervisor/Manager

**Further Action Required:**

☐ Removal Permit/Condition          ☐ Oak Tree Notice of Intention          ☐ ISA Standards

☐ Planting Permit/Condition          ☐ Oak Tree Intent to Prune          ☐ Send Approved Tree List*

☐ Tree Planting Standard          ☐ Oak Tree Removal Permit          ☐ Heritage Tree Notice

☐ Report of Denial forwarded to Property Owner/Agent or Tenant          ☐ Rec Commission Review

☐ Other:_____

Director Review: Concur _____          Further Review Needed  ☐ Yes          ☐ No

_____ Date _____
Director