



APPLICATION for TREE REMOVAL

Date _____

Lot/Block _____

Homeowner _____

Address where work will be performed _____

Phone Numbers (C) _____ (H) _____

Email Address _____

Mailing Address (if different from above) _____

Go to www.eaglewoodassn.com for PC&R's, rules and guidelines before submission to the Design Committee.

Reason for request _____

- **Attach copy of as-built map with trees in question highlighted.**
- **Provide any information that will be helpful in your application process.**
***Work must be completed within one season.**

Homeowner Signature _____ Date _____

Please submit application to Eaglewood Office 11915 Lazy Street or admin@eaglewoodassn.com.

Application must be filled out completely to avoid any delay in the approval process

For Office Use Only

Design Committee Review

_____ **Approved**

_____ **Disapproved**

Comments _____

Committee Member Signatures:

1. _____ Date _____

2. _____ Date _____

3. _____ Date _____

