

Longleaf Tree Removal Form

Name: _____ Date: _____

Address: _____

Request Being Made: _____

Is the tree/or trees in question located on your property?

Yes _____ No _____ Not Certain _____

If not certain, have you checked with your neighbor/neighbors? Yes _____ No _____

When do you plan to have the tree/trees removed? _____

It is recommended that you use a licensed and insured vendor and grind all tree stumps. Grinding tree stumps ensures that tree diseases or unwanted pests (termites, beetles, wood wasps, carpenter ants) do not spread in our neighborhood.

Get with Tim Jordan (706.457.2209) at Outdoor Detail to complete the section below or attach their quote to your request.

Assessment: _____

Tim Jordan: _____

Date: _____

Please return the completed form to the President of the LCA

Approved _____ Not Approved _____ Conditionally Approved _____

Reason for Non-Approval or Conditional Approval: _____

Tree(s) Replanting Timeframe (if applicable): _____

By: _____ President, Longleaf Community Association, Inc.

Date: _____

Maintain, Preserve, and Improve the Longleaf community native forest environment