



The City of Lorain, Ohio

LORAIN STREET DEPARTMENT

TREE REMOVAL REQUEST

NAME _____ DATE _____

ADDRESS _____

PHONE NUMBER _____

NUMBER OF TREES TO BE REMOVED _____

IF THE TREE IS NOT BETWEEN THE SIDEWALK AND THE STREET IT IS UP TO THE HOMEOWNER TO PROVIDE PROOF FROM A LICENSED SURVEYOR THAT THE TREE IS LOCATED ON A CITY RIGHT-OF-WAY.

OWNER MUST MARK THE TREE WITH AN "X" FOR THE CITY TO CUT IT DOWN.

PROPERTY OWNER SIGNATURE _____

Must be signed in order for tree to be removed

Please complete this form and mail to: Lorain Street Dept.
114 E. 35th St.
Lorain, OH 44055

Once the form is received, the tree cutting will be scheduled.

Trees are cut in the Fall and Winter Months