

The Fall River Street Tree Planting Program



Street Tree Application

Name

Address

City / State Zip Code

Phone # (Day & Evening)

Email

I am (circle ONE) owner/tenant of the above address (if you are not the owner, please get the owner's permission and signature below to have a street tree planted at this address).

I request that a tree be planted along the city sidewalk adjacent to the above address. I have chosen the following:

Neighborhood Group Planting: Please send me a grant application so I can organize my neighbors and apply for 5 to 10 trees (to be planted in close proximity) which would then be planted by City tree department employees.

Single Planting: Enclose \$100.00 per tree for this planting. I (circle ONE) do/do not want to plant this tree myself. Make your check payable to: Fall River Street Tree Planting Program

The area where the tree(s) are to be located are presently (circle ONE):

concrete asphalt brick grass other (describe)

After the trees are planted, I promise to maintain and water the tree(s) to the best of my ability.

Signature (of person requesting tree)

Date

If the above mentioned person is not the property owner, the signature of the owner is required below indicating his/her agreeing to the above tenant's request for a street tree.

Signature (of property owner if request is from tenant)

Date

No site will be approved until assessed by the city

Please complete and return application to:

Mary Ann Wordell
2851 Highland Avenue
Fall River, MA 02720