



# Town of Oxford

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Town of Oxford

Tree Removal Request

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of removal site: \_\_\_\_\_

Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

Map: \_\_\_\_\_ Lot: \_\_\_\_\_ Zone: \_\_\_\_\_

Site Map: Please show location of trees and distances to the high water mark, structures and property lines.

Comments:

\_\_\_\_\_  
\_\_\_\_\_

Owner  
Signature: \_\_\_\_\_

ONSITE VISIT REQUIRED: Yes \_\_\_\_\_ No \_\_\_\_\_  
Date of Visit: \_\_\_\_\_ CEO: \_\_\_\_\_