



TREE REMOVAL APPLICATION

Date Submitted: _____

Name: _____ Phone #: _____

Address: _____ Email: _____

Total number of trees requested for removal: _____

Living _____ # Dead _____ # Diseased _____ # Damaged _____

Reason for removal (if tree is living): _____

Contractor Name _____ Phone #: _____

1. All trees must be clearly marked at eye level with brightly colored survey tape. A Golden Eagle ACC representative will perform a site visit to inspect your trees.
2. Tree removal contractors will only be allowed into Golden Eagle after the approval process is completed.
3. Please attach a site plan or drawing identifying the tree(s) to be removed (location and species).
4. You will be notified of the status of your request within 30 days.
5. This approval expires 6 months after approval date. Work not completed within this time period must be resubmitted to the ACC for approval.

I agree to comply with the Golden Eagle tree removal requirements set forth in the covenants, and the policy guidelines and procedures authorized by the GEHA board. I understand that I am responsible for any damage to, and/or clean-up of association property or other private property that may occur as a result of my contractor's work on this project. The Golden Eagle Homes Assn. strongly encourages residents to use contractors that are both licensed and insured.

Property Owner's Signature: _____ Date: _____

Office Use Only: _____

ACC Approval Signature: _____ Date: _____