



Private Property Tree Request



___ Tree Removal Permit No. _____

___ Tree Trimming Date Requested _____

___ Tree Re-location Date to be inspected by _____

Location of Tree _____

Description of Tree: Species _____ Size _____

Other Information _____

Owner/Agent Address _____

Owner/Agent Signature _____

Contact Phone Number _____ E-mail Address _____

Official use only

\$30.00 received: Cash Check Non-profit

Permit: Approved Denied Pending

Reason: _____

Urban Forestry: _____ Date: _____

Permit required for each tree.
Inspection within ten working days.

Permit valid for 6 months.

Urban Development Department
Urban Forestry Section
205 Government Street, 3rd floor, South Tower
Mobile, AL 36633
Phone: 251/208-7091 Fax: 251/208-7896
E-Mail: forestry@cityofmobile.org