

*Dr. Worth M. Walrod Memorial Tree Program*

(APPLICATION GOOD FOR 1 TREE ONLY)

DATE SUBMITTED: \_\_\_\_\_

NAME OF PROPERTY OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NORTH MANCHESTER, IN 46962

EMAIL: \_\_\_\_\_

IS THIS TREE A REPLACEMENT? \_\_\_\_\_ YES \_\_\_\_\_ NO

TYPE OF TREE REQUESTED: \_\_\_\_\_

SECOND CHOICE OF TREE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
PHONE #

PLEASE NOTE: COMMUNITY SEWER AND WATER DEPARTMENT PERSONNEL  
INSPECTS EACH NEW TREE LOCATION TO INSURE THIS TREE WON'T INTERFERE  
WITH THOSE LINES.

AFTER APRIL 1ST PLACE PINK FLAG IN AREA TREE IS TO BE PLANTED.