

**Resident's Partnership Program in Street Tree Replacement  
Application Form**

**Applicant information: (Applicant must be the owner of the property)**

First name:					
Last name:					
Business name (if applicable):					
Street address:				Unit:	
Town:			Postal Code:		
Email:			Phone:		

**Please select preferred method of contact:**     Email     Phone

**Property information:**

Address of the property where the proposed tree will be planted (if different from above):					
Street address:				Unit:	

**Proposed tree information:**

Species:				
Size ( diameter of the tree measured in milimetre at the base of the tree):				

**Note: The size of proposed tree must be greater than 60 mm.**

**Proposed location information:**

**Please attach a sketch identifying the location of the proposed tree and all property lines along with the application Form and the Agreement**

**Contractor's information:**

Name of licensed arborist and/or landscaping company:				
License number:				

<b>Applicant's signature:</b>	 <b>OAKVILLE</b>	<b>Contractor's signature:</b>
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Scan and email completed form to [service@oakville.ca](mailto:service@oakville.ca)  
or print and mail to ServiceOakville, Town Hall, 1225 Trafalgar Road, Oakville, ON L6H 0H3