

**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: <input type="checkbox"/> Email <input type="checkbox"/> 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:					

Applicant's signature:	 OAKVILLE	Contractor's signature:
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Scan and email completed form to candace.karandiuk@oakville.ca
or print and mail to Candace Karandiuk, Forestry Section, Town of Oakville, 1225 Trafalgar Road, Oakville, ON L6H 0H3