

Town of Watertown

Administration Building 149 Main Street Watertown, Massachusetts 02472

Office of the Tree Warden

(617) 972-6426 • Fax: (617) 972-6484 Christopher J. Hayward, MCA Tree Warden

PERMISSION TO PRUNE PUBLIC TREE

Prop	erty Owner:	
Prop	erty Address:	
Owi	er Telephone Number:	
Owi	er email address:	
	ne registered owner of the above referenced property I/We are request wing tree(s) at our address at the designated location:	ing permission to prune the
Loc	tion/ Description of tree(s):	
Tree Arbo	ecognize that it is required, if approved, that the above mentioned tree(s) are to be pruned to requivarden and that said work must not deviate from these requirements. All tree pruning will be comst approved by the Tree Warden. Failure to comply with the requirements of the Tree Warden mable Laws of the Commonwealth of Massachusetts and local regulations.	pleted by a qualified professional
Prop	erty Owner Signature:	Date:
The	request to prune the public tree(s) indicated above has been:	
	APPROVED - The Following Conditions shall apply:	
	DENIED for the following reason(s):	
	Warden's Signature: Date of Action:	
	oved, the pruning of this tree(s) must take place within <u>(insert number of days here)</u> . The Tree W cision at any time and will provide verbal and/or written notification to the applicant of this chan	

