

# TOWN OF NORMAL

## APPLICATION FOR TREE REMOVAL SERVICES

<b>APPLICANT INFORMATION</b>			
Last Name	First	M.I.	DOB
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date of Application	Social Security No.		
Are you the property owner?      YES <input type="checkbox"/> NO <input type="checkbox"/>		If no, do you reside at the residence for which you are making application?      YES <input type="checkbox"/> NO <input type="checkbox"/>	
Home Owner's Insurance Company/Agent:			

Address:

Phone:

<b>CO-APPLICANT INFORMATION</b>			
Last name	First Name	M.I.	DOB:
Street Address		City, State, Zip	
Phone	Email Address		
Relationship to Applicant			

<b>OTHERS CURRENTLY LIVING AT THE RESIDENCE</b>			
Full Name	Relationship	DOB:	
Full Name	Relationship	DOB:	
Full Name	Relationship	DOB:	
Full Name	Relationship	DOB:	
Full Name	Relationship		DOB
Full Name	Relationship	DOB:	

**PLEASE DESCRIBE THE TREE(S) YOU WOULD LIKE REMOVED. PLEASE INCLUDE PICTURES WHEN POSSIBLE. (NUMBER, LOCATION, APPROXIMATE SIZE, CONDITION, AND ANY POTENTIAL SAFETY/RISK ISSUES)**

<b>APPLICANT EMPLOYER AND SALARY</b>		
EMPLOYER	Phone (    )	
Address	SALARY	
Job Title		How Long?
<b>CO-APPLICANT EMPLOYER AND SALARY</b>		
EMPLOYER	Phone (    )	
Address	Salary	
Job Title		How Long?
<b>OTHER INCOME</b>		
<b>DISCLAIMER AND SIGNATURE</b>		
I certify that my answers are true and complete to the best of my knowledge.		
I understand that false or misleading information in my application may result in denial of service.		
Signature		Date

APPLICANTS MUST INCLUDE A COPY OF THE FOLLOWING FOR EACH ADULT MEMBER OF THE HOUSEHOLD:

- Previous year 1040 Federal Tax Return
- Previous Year W-2 Wage Form
- Four most recent Employment Pay Stubs
- Proof of Current Homeowner Insurance
- Driver's License

\*\* Following verification of income eligibility, submit at least two (2) removal estimates from licensed tree service vendors. \*\*