



City of Southfield
APPLICATION FOR TREE REMOVAL

Date: _____

Property Owner Name: _____

Address: _____

Phone: _____

Email: _____

Nearest Cross Streets: _____

Parcel Sidwell Number: _____
(City to complete)

Number of Tree Removals Requested: _____

Type of Tree(s) Requested for Removal:

**Reason for
Removal:** _____

Note: Please flag tree(s) proposed for removal with string or ribbon tied around the trunk.