



**CITY OF MANCHESTER**  
 912 CITY ROAD  
 MANCHESTER, MI 48158  
 (734) 428-7877 FAX: (734) 428-1877

APPLICATION FOR PERMIT TO PLANT  
 IN RIGHT OF WAY

Application Date: \_\_\_\_\_

APPLICANT IDENTIFICATION:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

PROPERTY IDENTIFICATION:

Nature of Request:     Planting     Removing     Spraying     Trimming

Location of tree to be planted: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

APPLICANT'S STATEMENT:

I acknowledge receipt of the Parks Commission Policy on Trees. I hereby state that the information I have provided in this application is true and correct to the best of my knowledge.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only:**

Fee:     \$ 1.00    Date Paid: \_\_\_\_\_    Received by: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved             Denied

Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_