

ADOPT A TREE PROGRAM APPLICATION

(For Any Work to be Performed on A City Right of Way Tree)

Date:		Responsible Party:	
Organization (If applicable):			
Property Address:			
	La Cañada Flintridge, CA 91011		
Name of City Approved Arborist			
Proposed Adoption Date:		Expected Duration:	

Supplemental Questions

1. Are you the Homeowner: Yes: ____ No: ____ . If not, you must have this document signed by the Property Owner.
2. Describe work proposed to be done. Attach any photographs.
3. Location of Tree(s) to be adopted (attached map if needed).
4. Why do you wish to adopt/maintain this tree?
5. How frequently do you intend to maintain the tree?
6. Why do you feel you can provide a higher level of care than the City?

NOTE: You must comply with all Public Works Encroachment Permit Requirements (please see City Municipal Code Section 4.24.090). All work must be performed within 90 days of approval.

Homeowner Name

Signature/Date

Director's Approval

Signature/Date