

FC# \_\_\_\_\_

**Hedding Camp Meeting Association**  
**Application For Tree Removal**  
(over 2" in diameter)

Cottage Owner: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Location & description of trees to be removed, use the reverse for a diagram.  
(Please note if marking trees for identification make sure the markings are not permanent)

Reason for Removal: e.g. dead, leaning, dropping branches, etc

Request:

\_\_\_\_ I want to remove myself or with an approved Hedding contractor

\_\_\_\_ I want Hedding to remove the trees

\_\_\_\_ I want stump(s) removed

Submit to Board of Trustees – email: Heddingtrustees@gmail.com or drop off at the studio

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This section to be completed by Forestry Committee and Board of Trustees prior to Owner signoff

Locations of Tree(s): \_\_\_\_\_ Hedding \_\_\_\_\_ Private - Lot location \_\_\_\_\_

If there are mixed locations for trees, fill in new application for Hedding trees & record new  
FC# \_\_\_\_\_

\_\_\_\_ Owner supplied contractor to complete

Note: contractor must be an approved contractor with Hedding, all wood must be removed or stacked

Estimated cut date: \_\_\_\_\_ Please notify the Board prior to confirmed onsite date

\_\_\_\_ Hedding contractor will complete

Cost Estimate: Tree(s) \_\_\_\_\_ Stump(s) \_\_\_\_\_ Total \_\_\_\_\_

Estimated cut date: \_\_\_\_\_

Forestry Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

Board of Trustees: \_\_\_\_\_ Date: \_\_\_\_\_

Cottage Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Use space below for a diagram

(Please note if marking trees for identification make sure the markings are not permanent)