

INC. VILLAGE OF ROCKVILLE CENTRE

DEPARTMENT OF PUBLIC WORKS
HIGHWAY DEPARTMENT
516-678-9293

TREE REMOVAL PERMIT

NO: _____

DATE: _____

JOB LOCATION: _____

OWNER OF PREMISE: _____

ADDRESS OF OWNER: _____

PERMISSION GIVEN TO:

NAME: _____

ADDRESS: _____

CONTACT # _____

INSURANCE INFORMATION:

VALID INSURANCE ON FILE - EXPIRATION DATE: _____

VALID WORKERS COMP ON FILE - EXPIRATION DATE: _____

PERMIT CHARGE: _____ NONE _____

DESCRIPTION OF WORK TO BE DONE:

AUTHORIZED BY: _____

SIGNED: _____