

RETURN FORM TO:  
DEPARTMENT OF PUBLIC WORKS  
9 Ivan Way  
South River, NJ 08882  
732-257-9051

**BOROUGH OF SOUTH RIVER**  
**TREE REMOVAL/TREE TRIM**  
**APPLICATION**



DATE : \_\_\_\_\_ Call DPW to check application status 10 days after submitted.

**OWNER'S INFORMATION (PRINT CLEARLY)**

Email: \_\_\_\_\_

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

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

Phone No.: \_\_\_\_\_

Cell No.: \_\_\_\_\_

**TREE LOCATION (if different from above)**

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

Location of tree (give directions as if you are standing in the street looking at the house)

**TREE REMOVAL REQUEST**

I wish to have \_\_\_\_\_ tree(s) removed, for the following reason(s):

- Tree is dead.
- Tree is lifting sidewalk.
- Tree is diseased or bug infested.
- Tree is interfering with wires.
- I have been refused for Homeowner's Insurance.
- Other

**TRIM SERVICE REQUEST**

I wish to have \_\_\_\_\_ tree(s) trimmed, for the following reason(s):

- Low branches over sidewalk or street.
- Branches in electrical wires.
- Dead Branches
- Other

Comments: \_\_\_\_\_

Would you like to replace your tree(s)?  No  Yes

*For Office Use Only*

Approved  Denied

Date Tree Removed: \_\_\_\_\_ Date Tree Trimmed: \_\_\_\_\_

Totem Removed?:  No  Yes Stump Removed?:  No  Yes