



ARBORIST INSPECTION REQUEST TO REMOVE STREET TREE(S)

Name _____ Date _____

Tree Address _____ Long Beach, California, (zip code) _____

Daytime Telephone Number (_____) _____ Email _____

Mailing Address _____

City _____ State _____ Zip Code _____

The determination of a tree's condition and removal will be made by a City employed Certified Arborist. In general, the City of Long Beach will consider removal or allow removal of a parkway tree if the tree is dead, dying, diseased, damaging vital infrastructure, or causing major structural damage. The City will not allow removal of a tree solely because of leaf, flower, berry debris, or personal preference. Indicate reason(s) for request:

- Tree is dead, dying, critically diseased or damaged beyond reasonable repair.
- Tree is in danger of falling or uprooting.
- Tree is damaging vital infrastructure such as sewer line, water line, gas or electrical conduit or causing other major structural damage. *Must provide written documentation from a licensed contractor indicating the City tree roots are responsible for the damage.*
- Other, please explain: _____

Property Owner Signature _____ Date _____

The Director of Public Works or his/her designee is authorized to approve or deny all tree removal requests.

Mail to: Public Works/Street Operations, c/o Felix Mendoza, 1651 San Francisco Ave, Long Beach CA 90813

City Use Only	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Tree Species _____		
Comments: _____		
City Representative/Arborist _____		Date _____