



Town of Oxford

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Oxford, ME 04270

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Town of Oxford

Tree Removal Request

Owner: _____ Phone: _____

Address of removal site: _____

Contractor: _____ Phone: _____

Map: ____ Lot: ____ Zone: _____

Site Map: Please show location of requested trees marked for removal and surrounding trees noting the canopy in proximity to requested trees for removal and distances to the high-water mark, structures and property lines.

Comments:

Owner
Signature: _____

ONSITE VISIT REQUIRED: Yes____ No____
Date of Visit: _____ CEO: _____