

INDIAN ROCKS PROPERTY OWNERS ASSOC. INC.
OF LEDGEDALE

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APPLICATION FOR TREE REMOVAL

NAME: _____

911# AND STREET NAME _____

Phone # _____

I HAVE _____ TREE(S) TO BE REMOVED ON MY PROPERTY.
(# OF TREES)

THE TREES YOU WOULD LIKE TO REMOVE MUST BE MARKED WITH PAINT.

PLEASE EXPLAIN POSITION OF TREES and REASON FOR REMOVAL:

The person performing work will be: _____homeowner _____contractor

Contractor_____ Phone_____

Address_____ State_____ Zip_____

Is contractor current certificate of insurance on file? ____Yes ____N

THESE TREES HAVE BEEN CHECKED BY _____ ON _____ AND ARE OK
TO BE TAKEN DOWN. (INITIALS) (DATE)