

INDIAN ROCKS PROPERTY OWNERS ASSOCIATION OF LEDGEDALE, INC.

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LAKE ARIEL, PA 18436

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APPLICATION FOR TREE REMOVAL

DATE: _____

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 RIBBON.

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 _____ No_____

Property Owner Signature_____

THESE TREES HAVE BEEN CHECKED BY: _____ DATE: _____

APPROVED _____ DENIED _____ REASON: _____