

Marcel Lake Estates Property Owners Association
103 Lake Drive ♦ Dingmans Ferry, PA 18328
Phone: 570-828-8244 ♦ Fax 570-828-9370

Tree Removal Request Form

Date: _____

Name: _____

Address: _____

Mailing (if different): _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Cell#: _____

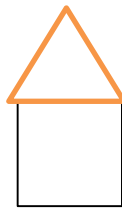
Email: _____

I am looking to take down ____ (number of) trees. See diagram below. Once trees are cut, I understand they are to be removed or stacked neatly on the property. Tree removal expires one year from date issued.

Reason for Removal: _____

Members Signature _____

Place trees to be removed on diagram
(Make sure trees on property are marked for inspection)
(ALLOW ONE WEEK FOR DIRECTOR INSPECTION)



Street Name _____

Internal use only

Account #: _____ Lot #: _____ Block #: _____ Approved Denied

Reason for Denial: _____

Reviewed Inspected by: _____ Date: _____

Tree Removal Expiration Date: _____ (Expires 1yr. from date issued)

Resident Notified on: _____