



Mountain Lake Tree Removal Program



2021 Hazardous Tree Removal Request Form

Return by December 31, 2020.

Property Owner Name: _____

Address: _____

Phone Number: _____ E-mail Address: _____

Describe location where the tree to be removed is located: _____

Describe reason for tree removal request: _____

Draw a site map of where tree to be removed is located.

By signing below the property owner acknowledges they are responsible for 20% of the removal costs up to \$300. If it is determined that a tree interferes with a utility line the tree will be removed at no cost to the property owner.

By signing below the property owner acknowledges they are required to replant a suitable tree in the same general location unless determined otherwise by Tree Commission. (See Tree Planting Request Form for details.)

Property Owner Signature: _____

Date

Return completed application to: Mountain Lake City Hall
930 Third Avenue, P.O. Box C
Mountain Lake, MN 56159

Approval Signature, City of Mountain Lake _____

Date

All applications will be reviewed, ranked, and determined by program funds. You will be notified either way if your request is granted or not in the spring.

Thank you!



Mountain Lake Urban Tree Program



2021 Tree Planting Request Form

Return by December 31, 2020

Property Owner Name: _____

Address: _____

Phone Number: _____ E-mail Address: _____

Describe location where the tree is to be planted: _____

Draw a site map of where the tree is to be planted.

There is no cost to a property owner if the tree is replacing one removed due to interference with a utility line or is planted in the boulevard or public right-of-way, generally within 15' of the curb.

TREE TYPE DESIRED: _____

A specific type of tree cannot always be guaranteed. If selected type is not available a suitable tree for the site will be planted.

By signing below the property owner agrees to monitor rainfall and if necessary water the tree so it receives 5 gallons of water per week for the first two years.

Property Owner Signature: _____

Date

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930 Third Avenue, P.O. Box C
Mountain Lake, MN 56159

Approval Signature, City of Mountain Lake: _____

Date

All applications will be reviewed, ranked, and determined by program funds. You will be notified either way if your request is granted or not in the spring.

Thank you!