ARBORIST INSPECTION REQUEST TO REMOVE STREET TREE(S)

Name________________________________________________ Date____________________

Tree Address__________________________________________Long Beach, California, (zip code) __________

Daytime Telephone Number (____)_________________ Email ________________________________

Mailing Address _____________________________________________________________________________

City ______________________________ State _______________ Zip Code ___________________

The determination of a tree’s condition and removal will be made by a City employed Certified Arborist. In general, the City of Long Beach will consider removal or allow removal of a parkway tree if the tree is dead, dying, diseased, damaging vital infrastructure, or causing major structural damage. The City will not allow removal of a tree solely because of leaf, flower, berry debris, or personal preference. Indicate reason(s) for request:

- Tree is dead, dying, critically diseased or damaged beyond reasonable repair.
- Tree is in danger of falling or uprooting.
- Tree is damaging vital infrastructure such as sewer line, water line, gas or electrical conduit or causing other major structural damage. *Must provide written documentation from a licensed contractor indicating the City tree roots are responsible for the damage.*
- Other, please explain: ________________________________________________________________

Property Owner Signature  ___________________________ Date _________________________

The Director of Public Works or his/her designee is authorized to approve or deny all tree removal requests.
Submit to: Public Works/Street Operations, c/o Eliud Aguirre, 1651 San Francisco Ave, Long Beach CA 90813

<table>
<thead>
<tr>
<th>City Use Only</th>
<th>Approved</th>
<th>Denied</th>
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<tbody>
<tr>
<td>Tree Species</td>
<td>____________________________</td>
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<tr>
<td>Comments:</td>
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<tr>
<td>City Representative/Arborist</td>
<td>____________________________</td>
<td>Date</td>
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Updated: 4/2020