TOWN OF HATFIELD
DEPARTMENT OF PUBLIC WORKS

MEMORIAL TOWN HALL
59 Main Street
Hatfield, MA 01038

NOTE:
Return Form to DPW Office

TREE PLANTING REQUEST

Address Where Proposed Tree will be planted: ____________________________________________

Property Owner: ____________________________________________________________________

Home Address: ________________________________________ Phone: _________________________

Type Tree Requested:

____ Sugar Maple  ____ Patmore Ash
____ Red Maple   ____ Liberty Elm
____ Crimson King Maple  ____ Red Oak
____ Emerald Queen Maple  ____ Greenspire Linden
____ Bradford Pear

Sketch showing where you would like the tree planted (Must be on Town Property). Please indicate Driveways, Property Lines, Buildings, etc. in your sketch.

_____________________________________________ _________________________
Signature Date

Office Use Only

Reviewer:_________________________________________- ___ Approved ____ Disapproved

Comments:____________________________________________________________________________

______________________________________________ _______________________
Signature Date

Date Tree Planted:_______________________________ Contractor: __________________________

Warranty Period: ________________________________ ____________________________________

______________________________________________ ______________________________________
Contractor Representative Signature