



**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:

- |  |  |
|--|--|
| <input type="checkbox"/> Sugar Maple         | <input type="checkbox"/> Patmore Ash       |
| <input type="checkbox"/> Red Maple           | <input type="checkbox"/> Liberty Elm       |
| <input type="checkbox"/> Crimson King Maple  | <input type="checkbox"/> Red Oak           |
| <input type="checkbox"/> Emerald Queen Maple | <input type="checkbox"/> Greenspire Linden |
| <input type="checkbox"/> 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