



Tree Protection and Regulation Department

To the City of New Westminster Tree Protection and Regulation Bylaw Program:			
I [Print Full Name]_____ am the registered owner of the following protected trees on the property referenced below that may be impacted due to adjacent site demolition and/or construction: Type of Tree/Quantity:			
<input type="checkbox"/> I have read and understood the arborist report referring to the protected tree(s) on my property			
I hereby acknowledge that the following will occur:			
<input type="checkbox"/> Installation of a Tree Protection Barrier(s) around protected trees on my property			
<input type="checkbox"/> Root or canopy prune a protected tree on my property			
<input type="checkbox"/> Other_____			
Property Owner:			
Property Address:			
Daytime Phone Number:		Email Address:	
Signature of Registered Property Owner:	Print Name:	Date:	
Signature of Witness:	Print Name:	Date:	
Applicant:			
Name of individual and/or company:			
Address:			
Daytime Phone Number:		Email Address:	
Signature of Authorized Applicant:		Print Name:	
Date:			

FOR OFFICE USE ONLY		
Date Received:	Date Reviewed:	Reviewed By [Staff Initials]
VERIFIED: YES <input type="checkbox"/> NO <input type="checkbox"/>	Notes:	