



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:

I have read and understood the arborist report referring to the protected tree(s) on my property

I hereby grant authorization for the:

- Removal of the above noted protected tree(s) from my property subject to required permits being granted by the City of New Westminster
- Installation of a Tree Protection Barrier(s) around protected trees on my property
- Other (i.e. root or canopy prune a protected tree on my property, etc.)

Authorization granted by:

Property Address:

Daytime Phone Number:	Email Address:
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Signature of Registered Property Owner:	Print Name:	Date:
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Signature of Witness:	Print Name:	Date:
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Authorization granted to:

Name of individual and/or company:

Address:

Daytime Phone Number:	Email Address:
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Signature of Authorized Applicant:	Print Name:
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Date:

FOR OFFICE USE ONLY

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