



CITY OF RIVERGROVE
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Tree Cutting Permit Application

Please attach Arborist's Report and Permit Fee, if applicable.

Date of Request: _____ Is this an emergency? YES: _____ NO: _____

Name of Property Owner: _____

Address: _____

Phone Number: _____ E-mail Address _____

How many trees are you requesting for cutting? _____ How large are the tree(s)? (circumference, as measured 4.5 feet from the ground): _____

What is/are the species? _____

Is this tree dead, dying, or dangerous? _____ If

dying or dangerous, do you have an arborist's report? _____ If so, please attach.

Please describe their location on the property, why the trees are being removed and any emergency situation:
