

TREE REMOVAL HEARING

TO TAKE PLACE AT

Meeting Room: _____ Time: _____

Location of Meeting: _____

CONTACT: Scott.hathaway@cityofwestfield.org

INSERT HEARING DATE

PROPOSED TREE REMOVAL:

Time of hearing: _____

Tree Location: _____

Tree size/ Species: _____

Reason for removal: _____

OBJECTIONS TO THE REMOVAL OF THIS TREE MUST BE RECEIVED IN WRITING BY THE TREE WARDEN, AT THE ABOVE LISTED ADDRESS PRIOR TO OR AT THE HEARING.

Signature of Tree Warden: _____

Date mailed or sent: _____

This form conforms to the
Massachusetts Tree Warden
and Foresters Association
Standardized form protocol.
MTWFA is not liable for its use,
implementation or legal viability.

