## Evanston Community Forestry Tree Planting Program Application 2024

| Person purchasing the tree |                |  |
|----------------------------|----------------|--|
| Name:                      | Daytime Phone: |  |
| Mailing Address:           | Email Address: |  |

Tree Placement Address (if different from above):

| Person responsible for tree (if different from above, must reside at TREE PLACEMENT ADDRESS): |                |  |
|---|----------------|--|
| Name:   | Daytime Phone: |  |
|   |                |  |

Mailing Address:

| Please agree or disagree with the following statements.   |  | Disagree |
|---|--|----------|
| I will be planting the tree within the City of Evanston city limits.  |  |          |
| I will prepay the \$50.00 or \$75.00 per tree fee upon the submission of this application.  |  |          |
| I have existing and maintained landscaping with an available irrigation source.   |  |          |
| I have ample space to plant a tree preferably within the public right-of-way.   |  |          |
| I currently have an existing structure and someone occupying the premises to maintain the tree.   |  |          |
| I promise to maintain the tree for a minimum of 4 - 5 years.  |  |          |
| I understand that if unforeseen conditions (not lack of maintenance) result in the tree's death I will be responsible for contacting the Evanston Parks Department within one (1) year of receipt to request a Tree Board Member's assistance and site evaluation to be eligible to receive a one-time replacement tree for a rate of \$50.00 or \$75.00. |  |          |

| Tree Species Available for Purchase<br>Please indicate "1st Choice" or 2nd Choice" by writing in the box that<br>corresponds to the tree and size. | #15 Container<br>\$50.00 |  |  |
|--|--------------------------|--|--|
| Diciduous Trees  |                          |  |  |
| Siouxland Poplar   |                          |  |  |
| Spring Snow Crabapple  |                          |  |  |
| Armstrong Gold Maple   |                          |  |  |
| Rocky Mountain Glow Maple  |                          |  |  |
| Pink Flair Cherry  |                          |  |  |
| Greenspire Linden  |                          |  |  |
| Evergreen Trees  |                          |  |  |
| 4-5ft Bosnian Pine   |                          |  |  |
| 3-4ft Fat Albert Spruce  |                          |  |  |
| Black Hills Spruce   |                          |  |  |

\*\*\* Please make checks payable to "EPRD." \*\*\*

Applicant Signature

Date

| For Office Use Only:                      |                           |  |  |
|---|---------------------------|--|--|
| Application Received (date):              | Received By (initial):    |  |  |
| Fee Paid: \$ CASH or CHECK#               | Receipt Issued: YES or NO |  |  |
| Application Entered into Database (date): |                           |  |  |