



Parks and Rereation Department

88 Kipling Street SE
Medicine Hat, Alberta T1A 1Y3

Phone: 403.529.8333

E-mail: parks@medicinehat.ca
www.medicinehat.ca

PUBLIC TREE REMOVAL APPLICATION FORM

Name:

Address:

Email:

Phone:

Loction of Public Tree(s):

I am the legal owner or authorized agent of this property

Reason(s) for requesting tree removal/options to preserve the tree(s):

I have enclosed the following materials in support of my request (photos **must** be included):

Signature: _____

Date: _____

Submit your request to: **City of Medicine Hat**
 Parks and Recreation Department
 parks@medicinehat.ca

Pursuant to s. 33 (c) of the Freedom of Information and the Protection of Privacy Act, the personal information collected on this form is for the purpose of an operating program or activity of the City of Medicine Hat. Questions regarding the collection and use of personal information can be directed to the FOIPP Head of Local Body at 403 529 8234