



TECHNICAL SERVICES

REQUEST FOR STREET TREE

APPLICANT INFORMATION			
Applicant Name:			
Postal Address:			
Contact No:		Mobile:	
Email:			
Address where tree/s is to be located:			
PLANTING INFORMATION			
Is the location under powerlines?			
☐ Yes	□No		
If location is under powerlines the Town's	s preferred opti	on is <i>Callistemon KPS</i> Bottleb	prush
Number of trees requested:			
Signature:		Date:	
OWNERS CONSENT			
(If applicant is NOT the owner of the property lodging of this application by completing and			
Name:			
Postal Address:			
Signature of Owner:		Date:	
NOTE - TREE PLANTING INFORMATION			
 The Towns Planting Season is from Ju will be added to the following years p planting each year; 	lanting list, also	note that we only have a lim	nited amount of trees available fo
 Tree species available for planting are and 	available throu	igh the Street Tree Policy, or	Tree Species Index from 2017;
- Final application of planting will be de	etermined by the	e Town; relative to services in	n the area.
REASONS FOR PLANTING			
□Don't have street tree	□Two Verges	(Corner blocks)	☐ Additional Tree
□Other (Please specify)			

Please return all applications to admin@mosmanpark.wa.gov.au, PO Box 3 Mosman Park WA 6012 or

Drop into the Administration Centre, Memorial Drive Mosman Park