



Tree Planting Program

CITY OF CREVE COEUR, MISSOURI

DEPARTMENT OF PUBLIC WORKS; 314-872-2533

APPLICATION DATE: _____

 NAME OF PROPERTY OWNER CONTACT PERSON

 ADDRESS OF PROPERTY

 DAYTIME PHONE NUMBER CELL PHONE NUMBER EMAIL ADDRESS

SMALL HEIGHT: (1" TO 1.5" CALIPER @ \$200.00 EACH)

(2.5" TO 3" CALIPER @ \$400.00 EACH)

_____ NATIVE REDBUD

_____ NATIVE REDBUD

_____ SNOWDRIFT CRABAPPLE

_____ SNOWDRIFT CRABAPPLE

_____ SERVICE BERRY (TREE)

_____ SERVICE BERRY (TREE)

_____ OKAME CHERRY

_____ OKAME CHERRY

MEDIUM HEIGHT:

_____ THORNLESS HAWTHORN

_____ THORNLESS HAWTHORN

_____ AMERICAN HORNBEAM

_____ AMERICAN HORNBEAM

_____ YELLOW WOOD

_____ YELLOW WOOD

_____ SHANTUNG MAPLE

_____ SHANTUNG MAPLE

LARGE HEIGHT:

_____ WILLOW OAK

_____ WILLOW OAK

_____ CUCUMBER TREE

_____ CUCUMBER TREE

_____ JAPANESE ZELKOVA

_____ JAPANESE ZELKOVA

By participating in the City of Creve Coeur's Tree Planting Program, I understand and agree to the following:

- 1) The City has the authority to accept or reject planting locations proposed by the homeowner.
- 2) The homeowner accepts full responsibility for maintenance and care for tree once it is planted (including, but not limited to, watering, protection from the natural environment, etc.)
- 3) The payment or contribution of any value or amount for participation in the City's Street Tree Planting Program is intended to assist the City in defraying the costs of this beautification program and does not create any entitlement or right of any kind and shall authorize only initial selection of tree species, subject at all times to City approval and conditions. The City retains completed control and ownership of its rights-of way including all trees, shrubs, or other improvements installed therein, irrespective of any contribution or maintenance by any other person. While the purpose of the tree Planting Program is to enhance the number and quality of street trees, the City retains the right to trim, alter or remove, or replace any trees or improvements without notice.

Signature _____ Date _____

FOR OFFICE USE ONLY

Amount Received _____

Check Number _____

Receipt Number _____

Received By _____

Date _____