



# City of Palo Alto

## Tree Department

Public Works Operations  
PO Box 10250 Palo Alto, CA 94303  
650/496-5953 FAX: 650/852-9289  
treeprotection@CityofPaloAlto.org

# Verification of Street Tree Protection

*Applicant Instructions: Complete upper portion of this form. Mail or FAX this form along with signed Tree Disclosure Statement to Public Works Dept. Public Works Tree Staff will inspect and notify applicant.*

<b>APPLICATION DATE:</b>	
<b>ADDRESS/LOCATION OF STREET TREES TO BE PROTECTED:</b>	
<b>APPLICANT'S NAME:</b>	
<b>APPLICANT'S ADDRESS:</b>	
<b>APPLICANT'S TELEPHONE &amp; FAX NUMBERS:</b>	

*This section to be filled out by City Tree Staff*

1. The Street Trees at the above address(es) are adequately protected. The type of protection used is:	YES <input type="checkbox"/> NO* <input type="checkbox"/>  * If NO, go to #2 below
<b>Inspected by:</b>	
<b>Date of Inspection:</b>	

2. The Street Trees at the above address are <b>NOT</b> adequately protected. The following modifications are required:  Indicate how the required modifications were communicated to the applicant.	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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*Subsequent Inspection*

Street trees at above address were found to be adequately protected:	YES <input type="checkbox"/> NO* <input type="checkbox"/>  * If NO, indicate in "Notes" below the disposition of case.
<b>Inspected by:</b>	
<b>Date of Inspection:</b>	

<b>Notes:</b> List City street trees by species, site, condition and type of tree protection installed. Also note if pictures were taken. Use back of sheet if necessary.	
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**Return approved sheet to Applicant for demolition or building permit issuance.**