



PARKWAY TREE TREATMENT FORM

Private parties must inform the Village of Deerfield about all treatments they wish to apply to public trees. Please help us by completing the form below.

Approved by _____ Date _____

TREE AND OWNER INFORMATION

STREET ADDRESS FOR TREE _____
OWNER NAME _____
OWNER PHONE & EMAIL _____
TREE SPECIES & SIZE (DBH¹) _____

TREE COMPANY INFORMATION

NAME OF CERTIFIED ARBORIST _____
COMPANY _____
ADDRESS _____
ARBORIST PHONE & EMAIL _____
CERTIFIED ARBORIST ISA NUMBER _____

ACTION PLANNED (CHECK BOX)

TREAT PARKWAY TREE *Any tree with a confirmed infestation OR infection must be removed*

PLEASE PROVIDE THE FOLLOWING INFORMATION

INSECTICIDE or FUNGICIDE FORMULATION _____
ACTIVE INGREDIENT _____
APPLICATION METHOD _____
PROPOSED TIMING OF APPLICATION _____
RECOMMENDED APPLICATION INTERVAL _____

HOMEOWNER MUST READ AND INITIAL THE FOLLOWING STATEMENT:

I, **THE UNDERSIGNED**, UNDERSTAND THAT I AM APPLYING A TREATMENT TO THIS TREE, AT MY OWN EXPENSE. I ACKNOWLEDGE THAT THIS TREE IS ON PUBLIC PROPERTY AND THAT IT COULD BE REMOVED AT ANYTIME BY THE VILLAGE. I ALSO ACKNOWLEDGE THAT THE ONLY TREATMENT PERMITTED AT THIS TIME IS ONE WHICH UTILIZES THE TREE INJECTION METHOD AND NOT TREE SPRAYING, SOIL INJECTION OR SOIL DRENCHING. (ONLY TREATMENTS THAT ARE APPLIED DIRECTLY INTO THE TREE WILL BE APPROVED ON PUBLIC TREES SO THAT OTHER VEGETATION AND SOIL ON PUBLIC PROPERTY IS NOT IMPACTED.) **I HOLD THE VILLAGE OF DEERFIELD HARMLESS FROM REPERCUSSIONS OF TREATMENT TO THIS TREE.**

OWNER'S INITIALS _____

APPLICATION SUBMITTED BY _____

DATE _____

Notes: ¹ DBH = Diameter at breast height (4.5 ft. above grade)

Please return completed applications to Michelle Bealer, Village of Deerfield Public Works and Engineering, 465 Elm Street, Deerfield, IL 60015, fax 847.317.7248, email Engineering@Deerfield.il.us....If you have any questions please call 847.317.2490.