TOWN OF OYSTER BAY – HIGHWAY DEPARTMENT
TREE PLANTING REQUEST

PLEASE PRINT ALL INFORMATION. THANK YOU!

NAME: ____________________________________________

ADDRESS: __________________________________________

NEAREST INTERSECTION __________________________________________

HAMLET (TOWN) __________________________________________

DAYTIME PHONE: __________________________________________

** Please initial below**

_____ I understand that requests for the amount and specific type of tree(s) cannot be accepted and no more than four (4) trees can be planted at any residence during the one planting season. I understand that the placement is based solely on the Town of Oyster Bay guidelines.

__________________________________________
SIGNATURE

___________________________
DATE

For Office Use Only:

DATE RECEIVED: ___/___/____

AREA: _____ MAP: _____

CONTRACT AREA: YES // NO