CITY OF SEAL BEACH DEPARTMENT OF PUBLIC WORKS		Expand the Forest Application Application Date (Mo-Day-Yr – XX-XX-XX)							
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Document Last Updated: February, 2015									
Purpose of Application: To assist residents in the donation of a memorial tree.									
Considerations: The following items are the minimum requirements for each and every Expand the Forest application.									
Applicant's name:			Location of Tree Requested:						
First and Last Name		Indicate preferred location with a "P" and alternate locations an "A":							
Address		Bluebell Park Arbor Park							
Address		Heat	Heather Park Electric & 13 th Street Zoeter Green Electric & 10 th Street						
City, State, Zip		Elect	ric & 15 th Street		As	ter Park	U Sliet	51	
Signature	Date	Marir Almo	na Community C and Park	enter					
Daytime Telephone Number Area Code, Telephone Number, and Extension			Daytime Facsimile Number (Optional) Area Code, Telephone Number						
Primary Contact . Contact person should be one that is easy for employees of the City to contact regarding the proposed tree location.									
Full name	Direct telephone number	Direct fa	icsimile numbe	er	E-mai	l addres	SS		
Comments:									
Location Information: Provide information regarding the location. Attach a map with the preferred and alternative locations highlighted (tree location maps are available online)									
	T								
Cost of tree & Installation	Type of Payment: Cash Check		Account #: Donations 001.000.30962						
Approval Process Applicant sha	all provide a complete submitt	al. Submi	ttals will be rev	viewed	by Pub	lic Wor	ks.		
Application Received by:		Date:							
Application Checked by:		Date:							
Proposed Locations Checked by:		Date:							
Denied: This application has been denied for the G Failure to submit a complete									
By on									
Application Approved Denied									