



City of Temple City, Parks and Recreation Department
10144 Bogue Street, Temple City CA 91780 (626) 656-7321

TREE REMOVAL APPEAL

Fee: \$260

Please **TYPE** or **PRINT** all information clearly

APPELLANT NAME: _____

APPELLANT ADDRESS: _____

(All correspondence will be mailed to this address)

Phone # _____ Email: _____

LOCATION OF TREE: _____

Please state specific reason(s) for the appeal (attach additional sheet(s) if necessary).

NOTE: The appellant has the burden of proof. In order for the appellant to prevail, he/she must show by clear and convincing evidence, that City staff's decision to remove or not remove a street tree is not authorized by applicable federal, state or local law, or is inconsistent with the removal criteria per Section 3-4D-9 and 3-4D-11 of the (TCMC) Temple City Municipal Code.

REASON FOR APPEAL: _____

APPELLANT SIGNATURE: _____ DATE: _____

By signing this Tree Appeal Notice, I hereby certify that I am a resident or property owner of the City of Temple City. I further certify that I have read Section 3-4D-9 and 3-4D-11 of the Temple City Municipal Code.

This form can be submitted by email, mail or in-person drop off

Mail: City of Temple City, Attn: Parks and Recreation Dept., 9701 Las Tunas Drive, Temple City 91780

Email: slawson@templecity.us **In-person:** Live Oak Park Annex, 10144 Bogue Street, Temple City.

Office Use:

Tree location verified: _____ Appeal received by: _____ Date: _____

\$260 fee paid by- Check # _____ Cash _____ Credit Card _____ Rec. by _____