

**CITY OF BOONVILLE
PARKS AND RECREATION DEPARTMENT
TREE GRANT APPLICATION**

NAME _____

ADDRESS _____

TREE PLANTING LOCATION _____

TELEPHONE NUMBER _____

OVERHEAD OBSTRUCTIONS YES _____ NO _____

CAN YOU PLANT THE TREE? YES _____ NO _____

I agree to assist the City of Boonville by planting and/or maintaining the tree(s) in accordance with the tree planting guide as published by the Missouri Department of Conservation. I further agree to water the tree(s) at least weekly, more often during dry weather, and inspecting the tree(s) on a regular basis for any signs of disease or insect damage. I will contact the Parks and Recreation Department at 660-882-7447 to report any concerns.

(Signature)

(Date)

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For Office Use

Date received _____

Species _____

Date to plant _____