

**CITY OF COLUMBIA CITY
TREE TRIMMING PERMIT
(OTHER THAN PROPERTY OWNER)
CODE 99 & 116**

BUSINESS NAME: _____

OFFICE ADDRESS: _____

PHONE NUMBER: (_____) _____

ADDRESS OF TREE REMOVAL: _____

PROPERTY OWNER NAME: _____

FEE: \$5.00 PAID _____ (DATE)

INSURANCE (MUST SUBMIT FORM)

WORKER'S COMPENSATION

PUBLIC LIABILITY - \$1,000,000 EACH PERSON \$1,000,000 EACH ACCIDENT

PROPERTY DAMAGE - \$50,000 TO ANY PROPERTY

"CITY MUST BE NAMED AS ADDITIONAL INSURED"

APPLICANTS SIGNATURE

FOR OFFICE USE

DATE PERMIT ISSUED: _____

EFFECTIVE FROM: _____

EXPIRES ONE (1) YEAR FROM ISSUE: _____

CITY CLERK TREASURER