



GRATITUDE IN LOOKING BACK,
EXCELLENCE REACHING TOMORROW

105 SE 2ND ST; BOX 29; GILBERT, IOWA 50105
PH. (515) 233-2670 FAX. (515) 233-8020

Application: Tree Removal Rebate

Project Address: _____
Applicant is: Property Owner Contractor Other _____
Applicant Name: _____ E-mail: _____
Applicant Mailing Address: _____
Applicant phone #: _____
Contractor: _____ E-mail: _____
Address: _____ Contractor Phone #: _____

Project Description: Residential Project Non-residential Project

How many trees will be removed? _____

Tree (1) species: _____ Diameter of tree: _____

Tree (2) species: _____ Diameter of tree: _____

I hereby certify that I have read and examined this application and know the same to be true and correct. I agree to provide copies of receipts to the city if I am using a contractor for tree removal no later than the close of business on December 20, 2024. I acknowledge that all reimbursable costs and services must be incurred on or before November 30, 2024. I acknowledge that if during pre-inspection the tree's diameter is less than 12 inches it will not qualify for reimbursement. I further acknowledge that reimbursement is limited to \$500.00 per tree with a two (2) tree limit per property and that funding is based on a first-come, first-served basis. The owner shall hold the City harmless from any liability for damage caused during tree removal. *I, the undersigned, understand that I am responsible for correctly locating the property lines.*

Signature of Applicant: _____ Date: _____
Printed Name: _____

ALLOW A MINIMUM OF 5 FULL WORKING DAYS FOR REVIEW & APPROVAL

For Office Use Only

Application #: _____

Zoning: _____ Date received: _____ Receipts received: _____

Date of pre-inspection: _____ Tree 1 diameter: _____ Tree 2 diameter: _____

Date of post inspection: _____ Pass _____ Fail _____ Inspector: _____

Reason for failure: _____

Approval/Denial Notification Date: _____

Check mailed: _____ Check amount: _____