



## Residential Hazard Tree Removal Program Signup

**APN:** \_\_\_\_\_ (Listed as "Assessment #" on your property tax bill)

**Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

This form *MUST* be filled out by the property owner. Please check here to certify that you are the property owner:

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Annual Household Income:** \_\_\_\_\_ **Number of People in Your Household:** \_\_\_\_\_

**Hazard Trees:** The dead, dying, or beetle-infested trees on your property are in danger of falling on (check all that apply)

- Primary residence or other permitted structures
- Your driveway
- Public roadways
- Primary access roads to you property

**How many such trees are on your property?** \_\_\_\_\_

**Tree Size:** Of the trees you are concerned about, please estimate the diameter of the largest:

- Less than 1 ft
- 1-2 ft
- 2-3 ft
- More than 3 ft

**Logs:** If we remove trees under this program, the logs will be left on your property. Check here if you would like the logs cut into firewood rounds:

**Powerlines:** Are the trees you are concerned about near the powerlines?

- Yes, all of them
- Yes, some of them
- No

**Alternatives:** If this program were not available, what would you do regarding the trees you are concerned about?

**Additional Comments, if any:**

By signing below, I certify that, to the best of my knowledge, there are hazardous trees present on my property which meet the qualifications of the Residential Hazard Tree Removal Program. I agree to allow the El Dorado County Fire Safe Council's (EDCFSC) private contract arborists admittance onto my property to assess the hazardous trees. I understand that EDCFSC contract arborists have final say on whether a tree is eligible for removal under the program. I understand that EDCFSC is not obligated to visit my property or to remove hazardous trees, and that EDCFSC is not liable for failure to perform these services or for negligent performance of these services.

**Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please mail this completed form to EDCFSC's private contract arborists, at:

Mason, Bruce, and Girard, Inc.  
701 High Street, Suite 207  
Auburn, CA 95603