

**UNIVERSITY OF NOTRE DAME
REQUEST FOR CAMPUS TREE REMOVAL**

DATE OF REQUEST:

PROJECT:

LOCATION:

TYPE AND NUMBER (attach photos) and indicate those that will be relocated:

REASON FOR REMOVAL:

QUANTITY OF REPLACEMENT TREES:

Requestor

Comments:

Requestor's Signature

Title

Date

Manager of Landscape Services

Comments:

Signature of Approval

Date

Associate Vice President for Facilities Design & Operations

Comments:

Signature of Approval

Date

File: Requestor

Revised: 7/1/2011