



Resi-Pay Tree Trimming Maintenance Program Application

FOR DEPARTMENTAL USE ONLY

Date Received:

Application Number:

Received By:

Application Fee (other fees may be applicable):

Application must be filled out in its entirety. Please indicate N/A for non-applicable fields.

Applicant Information:

Name: _____

Address: _____
Street
City
State
ZIP Code

Phone #: _____ Email: _____

Fax: _____

Work Description:

Number of trees to be trimmed: _____

Location of the tree(s) stated above: _____

TREE SIZE FEE

Size	Price	Size	Price
0-6 DBH	\$35	19-24 DBH	\$100
7-12 DBH	\$45	24-30 DBH	\$150
13-18 DBH	\$75	30 & over DBH	\$250

Note: A \$25 administrative fee will be added to each application to cover the processing and scheduling of maintenance.

IMPORTANT NOTICE TO APPLICANT:

Your application will only be considered complete with the written consent of the applicant. Complete the work description, as applications without this information will not be processed. It is your responsibility to notify the Department of any updates or changes to the information provided.

- I acknowledge that I am familiar with the information provided in this application and agree to comply with all program criteria and requirements.
- I accept responsibility for any applicable fees and hereby authorize the Town of Miami Lakes and its representatives to process this application and conduct preliminary site analyses as needed.

Signature of Applicant

Print of Applicant's Name

Date