



Family Tree Program

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:	_____
Work Description:			
Circle your donation:			
Tree Type:			
<input type="checkbox"/> Live Oak	\$725	<input type="checkbox"/> Pigeon Plum	\$750
<input type="checkbox"/> Green Buttonwood	\$550	<input type="checkbox"/> Dahoon Holly	\$650
<input type="checkbox"/> Silver Buttonwood	\$950		
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.			
<ul style="list-style-type: none">• 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	