

406 Rivervale Road
River Vale, New Jersey 07675



201-664-2346
fax: 201-358-7754

www.rivervalenj.org

SHADE TREE APPLICATION

Date _____

Owner of Premises: _____

Address of Premises: _____ Phone: _____

Email Address (Required): _____

Number of Trees & Types: _____

Location on Property: _____

Reason for Removal: _____

**PLEASE MARK EACH TREE WITH A MARKER FOR IDENTIFICATION
(DO NOT SPRAY PAINT)**

**APPLICATIONS WILL BE APPROVED OR DENIED AFTER INSPECTION –
AT THIS POINT YOU WILL BE NOTIFIED BY EMAIL AS TO THE RESULTS
OF THE INSPECTION.**

Approved _____ Denied _____

Comments: _____

Shade Tree Chairperson/Township Official: _____

Date _____