

## **TREE RELOCATION FORM**

NUMBER  NAME  D.B.H. (IN)  DIAMETER  HOLE  ROOT PRUNED FOR HOW LONG (Prior to Relocation)  ROOT PRUNED FOR HOW LONG (Prior to Relocation)	Date:		Tre	ee Permit #:		
ISA Certified Arborist or Registered Consulting Arborist Credentials:  Holding Area relocations will be during construction (address):  How often will the relocated tree(s)/palm(s) be watered:  *A SIGNED & SEALED RELOCATION LANDSCAPE PLAN MAY BE REQUIRED.  NUMBER  NAME  D.B.H. (IN)  DIAMETER  DIAMETER  ROOT PRUNED FOR HOW LONG (Prior to Relocation)  Prior to Relocation)  agree to be present at the time of the relocation to conduct/supervise the work required to relocate the tree(s)/palm(s) in compliance with standards set forth in the most recently published edition of the American National Standards Institute ANSI A-300 Standards and in accordance to the specifications of this plan.	Project Location:	:				
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CERTIFIED ARBORIST SIGNATURE:				nai Standards II	istitute Aivo	of A-300 Standards and in
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	CERTIFIED	ARBORIST SIGNA	TURE:			
CERTIFIED ARBORIST CONTACT INFO: EMAIL/PHONE NUMBER	_		ACT INFO:			