

Windjammer Village Tree Removal Request

(843) 249-2460
Fax: (843) 280-4840

Name	Date
Address	Lot Number
Phone Number	

**PLEASE NOTE THAT ALL TREES MUST BE TAGGED.
THIS REQUEST MUST BE SUBMITTED BY THE FIRST FRIDAY OF THE MONTH.
BY SUBMITTING THIS FORM THE OWNER GIVES THE BOARD OF DIRECTORS OR ITS AGENT
PERMISSION TO ENTER THE PROPERTY FOR THE INSPECTION OF TREES.**

I wish to remove _____ tree(s) from my property for the following reasons (type of tree and location would be helpful):

Approval granted to remove the following tree(s):

Approval denied because:

_____	_____
Approved by	Date

Original: office
Copy: property owner
4.08