

Tree Removal on Public Reserve
Schedule "A"

Name: _____

Address: _____

Phone: _____ Email: _____

Location of Tree(s): _____

Include Diagram

Tree Concern(s) Please select one or more of the boxes below:

- Dangerous to the Public (low branches, leaning, split limb)
- Dangerous to Private Property (leaning over fence, shed, house)
- Split limb in tree trunk
- Other: _____

Waiver:

I, _____, know and voluntarily accept the risks of tree removal at (above location). I agree to waive all liability claims against the Municipality of Bifrost-Riverton and its employees. This waiver includes, but is not limited to liability for personal injuries suffered by myself or others assisting myself while removing the tree(s) located at (above location). This waiver also includes all injuries resulting from natural disaster or inclement weather, accidental death, and all premises liability claims. This waiver also includes all damages to personal property as a result of cutting trees. I will not remove any tree(s) other than that which is approved by this form.

Signature

Date

Public Works Manager: Inspected on (date): _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
_____ Signature	_____ Date