

RESIDENT SIGNATURE

Planning & Zoning Department

CITY OF VENICE

401 WEST VENICE AVENUE VENICE, FLORIDA 34285 (941)486-2626



Date:	(941)486-2626	200
	- A THON	
APPLICANT CONTACT INFORM	AATION	Preferred
Name ————————————————————————————————————		Telephone
Address		Zip Code
Email:		1
	YOUR COMMI'	TMENT
TO PARTICIPATE, YOU	MUST AGREE TO THE FOLL	LOWING CONDITIONS:
written permission from Sarase *You agree to follow the care in survival. Newly planted trees we that for several months more. *You will remove all support st *If you are a winter resident, or	ota County to plant a tree in Constructions provided to you to world require water 3 to 4 times per raps and bracing 1-year from the will be away for an extended peake arrangements to have the tree	period of time during the first ree cared for while you are away.
	THE CITY'S COMM	<u>ATTMENT</u>
AS A PARTNER OF THI *A tree species best suited for *A tree of good quality. *Delivery and installation of y *Detailed tree care instruction	the planting location.	RAM, THE CITY AGREES TO PRVIDE:
	<u>AGREEMENT</u>	<u>r</u>
*This application is a request to affirm my commitment to the cate and maintain the survival of the tree. *I understand that the City may provided on a first come-first see a large and that the commitment as stated on this approved that the tree may and I will receive no compensation.	the City of Venice to enroll me are of a tree on the public prope he tree following the instruction red to limit the number of tree red basis. is application I am entering interplication. be removed by the City if the re on for its removal. If the tree is mer condition as reasonably po	ons provided by the City, to ensure the rees available, in such case, trees will be to a binding agreement to the terms of my emoval is deemed to be in the public interest is removed by the City, the City agrees to ossible. I further understand that I must

DATE