



Borough of Spring Lake

Residential Tree Request for Right of Way

Please provide the information requested below and return this form to the Spring Lake Municipal Office at 423 Warren Avenue, Spring Lake, NJ 07762.

Date: _____

Applicant/Owner: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Address: _____

Winter Address (if applicable): _____

Street Address

City,

State

Zip

Number of Trees Requested: _____

Comments: _____

I agree to read the care instructions, including "Watering" and "Mulching" located on the Borough website, and to adequately care for my new tree (s).