



CAMN Tree Replacement Project

Tree Replacement Application

Homeowner Information

Name: _____ Date: _____
Last First

Address: _____
Street Address, City, County, Zip Code

Address for
Planting (if
different): _____
Street Address, City, County, Zip Code

Nearest Cross Street to planting address: _____

Email Address: _____

Phone Number: _____

Can we text you to communicate? YES ☐ NO ☐ If yes, at what
number? _____

Tree Specifics

Important Note: Tree sites must be at least 10 feet from any structures, driveways, sidewalks, streets.

Sites for large trees should have 15 to 20 foot clearance from buildings.

Sites must be located away from overhead or underground utilities and easements.

Tree Owners Manual is available from: <https://usfs-public.app.box.com/v/TreeOwnersManual>

Arkansas Native Trees: <https://anps.org/2015/01/03/trees-of-arkansas-is-now-user-friendly-with-full-color-pictures/>

When will you be ready to plant?

Fall 23 ☐ Spring 24 ☐ Fall 24 ☐ Other: _____

Tree Site #1 Information

Full Sun ☐ Part Sun AM ☐ Part Sun PM ☐ Shade ☐ Water by
sprinklers or
manually? _____

Tree # 1 Mature size tree types acceptable:

Large ☐ Medium ☐ Small ☐

Tree # 1 Species acceptable:

Oak ☐ Hickory ☐ Holly ☐ Maple ☐ Sweetgum ☐ Elm ☐ Pine ☐ Black Cherry ☐

Preferred: _____

Tree # 1 Understory tree preference if you have shade:

Dogwood ☐ Redbud ☐

Signature: _____ Date: _____

Return to: KateTree.CAMN@gmail.com