VILLAGE OF LEXINGTON

TREE TRIM/REMOVAL REQUEST FORM
FOR TREES ON VILLAGE PROPERTY ONLY

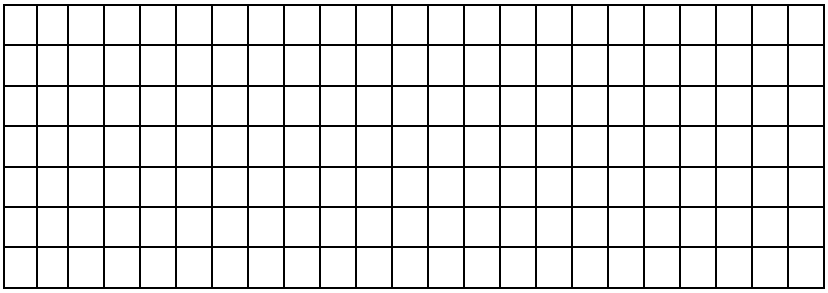
Customer Name: _____ Phone: _____

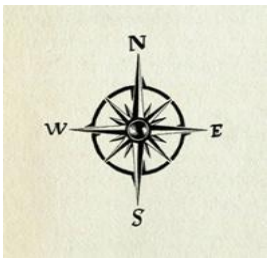
Mailing Address: _____ Email: _____

City/State: _____ Zip: _____

Service Address: (if different than above): _____

Please provided a drawing of where the tree is located below: Tree Tag #_____ (if available)





Please select ONE primary reason for the requested tree removal (REQUIRED):

☐ **Dead**
☐ **Diseased**
☐ **Dangerous / Hazardous**

Resident Signature: _____ Date: _____

TREE REMOVAL APPROVAL & SCHEDULING

Trees will not be removed until the request has been reviewed and approved by the Village of Lexington. Once approved, tree removal will be scheduled at the Village's discretion. Removal will occur when the Village's designated tree removal contractor is next in the area and available to complete the work. Approval of a tree removal request does not guarantee immediate removal.

FOR OFFICE USE ONLY:

Findings from Reviewer DPW/Environmental Committee (please circle): _____

Determination: ☐ Emergency Removal ☐ non-emergency removal ☐ Trim ☐ No Action

Reviewer's Signature: _____ Date: _____

Copies sent to: ☐ Environmental Committee Member ☐ Utilities Manager

revised 09/2026