



TOWN OF LONGBOAT KEY
PUBLIC WORKS DEPARTMENT
 600 General Harris Street
 Longboat Key, FL 34228
 Phone: 941-316-1988

AUSTRALIAN PINE REMOVAL PROGRAM

REQUEST FOR REIMBURSEMENT

Property Owner Name: _____

Address: _____, Longboat Key, FL 34228

Phone Number: _____

Email (optional): _____

Number of trees to be removed (max. 3): _____

Applicant Signature: _____ Date: _____

FOR TOWN STAFF USE

PRE-QUALIFICATION INSPECTION

	TREE 1	TREE 2	TREE 3
Diameter at Chest Height:	_____	_____	_____
Gulf of Mexico Drive Impact (<i>circle</i>)	Yes No	Yes No	Yes No
All others (<i>check those that apply</i>):			
Roadways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building/Structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Above-Ground Utilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water/Sewer Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Denied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Print Name: _____ Sign: _____ Date: _____

Director Approval: _____ Date: _____

POST REMOVAL INSPECTION

Invoice Received Date: _____

Site Inspected Date: _____

Trees Removed Date: _____

Print Name: _____ Sign: _____ Date: _____

REIMBURSEMENT PROCESS

Submitted to Finance Total Amount Awarded: _____

Print Name: _____ Sign: _____ Date: _____