

DATE RECEIVED:		
APPLICANT:	TELEPHONE:	
ADDRESS:	EMAIL:	
SUBMITTED BY:	TELEPHONE:	
CONTRACTOR (NAME AND NUMBER):		
DESCRIPTION OF PLANS:		
MUST HAVE THE FOLLOWING FOR A YOUR	REQUEST:	
1. PICTURES OF TREES CLEARLY MARKED T	THAT YOU WOULD LIKE TO REMOVE.	
2. PLEASE REMEMBER THAT STUMPS MUST	BE GROUND FOR ALL TREES THAT ARE REMOVED.	
	SPANAS@CMACOMMUNITIES.COM OR YOU CAN MA TAIN BROOK, AL 35223 OR FAX TO 205-517-8351	JL TO
	UMENTS, PLEASE ALLOW 30-DAYS FOR THE REVIEW T	TO BE
COMMENTS AND/OR ADDITIONAL INFORMAT	TION:	