

CITY of TROY
STREET TREE APPLICATION

As a resident or business in the City of Troy, you are eligible to have a **FREE** tree planted along the street adjacent to your property.

Name (please print): _____

Mailing Address: _____

Email Address: _____

Home phone: _____ Cell#: _____ Work#: _____

Address where tree will be planted (if different): _____

PLANTING SITE DATA

1. The tree will be planted in the city block between:
_____ Street/Avenue and _____ Street/Avenue
2. Is there grass between the sidewalk & curb? _____ Yes _____ No
Approximately how wide is the grass strip? _____
3. Do you have a front yard with grass? _____ Yes _____ No
If so, is your front yard a potential planting location? _____ Yes _____ No
4. Is there an existing tree planting pit cut in the sidewalk? _____ Yes _____ No
If so, does it contain a dead tree or tree stump? _____ Yes _____ No
5. Is there brick, concrete or blacktop between the sidewalk & curb? _____ Yes _____ No
6. Are there overhead wires at the planned site? _____ Yes _____ No
7. Are you interested in assisting with the planting? _____ Yes _____ No
8. I (or a representative) will attend the Tree Care Workshop _____ Yes _____ No
(please note that attendance at this workshop is required)

RETURN FORM TO: Capital Roots, 594 River St., Troy, NY 12180 or
via FAX at 518-272-2744

Any questions should be directed to Sharon DiLorenzo at Capital Roots 274-8685 or
via email at trees@capitalroots.org

FOR OFFICE USE ONLY

Date Received: _____

Approved for Current Planting: _____ Hold for Future Planting: _____