

Stratford Residential Tree Planting Program Application Form 2024

Priority will be given to residents who have a street-facing yard without a tree, followed by residents who have never participated in the program.

Applicant Name (must be property owner): _____

Address (must be in Stratford): _____

Phone Number: _____

Email: _____

Do you already have a tree in your front (or street-facing) yard? YES _____ NO _____

Preferred Type of Tree: CHOOSE ONE

☐

Conifer/Evergreen

☐

Deciduous/Leafy

Describe your site (front yard) conditions (ex: full sun, partial sun or shade, wet or dry, near shore or inland, soil type or quality)

If you feel strongly that you would like a certain species, please leave us a note here:

While we will do our best to offer you a few options of tree species that are suited for your specific site conditions, tree availability may limit what can be offered. We will discuss your species of tree with you before going ahead.

_____ I am aware that I will be required to dig the hole for the tree to the size required by the root ball.

_____ I am aware that I will be responsible for watering the tree during the summertime for this year (2024) and at least the following year (2025).

_____ I am aware that I will be entirely responsible for the tree after it is planted and that the town will not be liable or responsible for the tree.

_____ I am aware that there is a \$50.00 fee to participate in this program.

_____ I am aware that the tree is to be planted in my front yard nearest to the road if possible.

Signature of property owner: _____ Date: _____