



City of Urbana
Public Works Department

Legacy Tree Owner Consent Form

Name of Property Owner _____ Date _____

Address _____ Phone _____

- I have read and understand the benefits available to owners of designated Legacy Trees and the process for designating a nominated tree.
- I have read and understand the terms for de-listing a designated tree.
- I have read and understand the recommended practices to ensure the long-term health of a Legacy Tree and that following these practices may cause some detriments to the future use of my property.

- I hereby consent to allow the City Arborist and the Urbana Tree Commission to assess and potentially designate the nominated tree(s) on my property.
- I **do not** consent to allow the City Arborist and the Urbana Tree Commission to assess and potentially designate the nominated tree(s) on my property.
- I hereby consent to allow the City Arborist and the Urbana Tree Commission to install a Legacy Tree plaque on my property.
- I **do not** consent to allow the City Arborist and the Urbana Tree Commission to install a Legacy Tree plaque on my property.

Name of Property Owner(s) _____

Signature of Property Owner(s) _____

Please attach any interesting facts or stories about your nominated tree(s).

City Arborist use only

Signature of City Arborist _____ Date _____

Comments _____

Please return completed form to the Urbana City Arborist at
Urbana Public Works, 706 S. Glover Ave, Urbana IL 61802 www.urbanaininois.us/legacymtree

