



# City of Wabash

202 S. WABASH ST  
WABASH, IN 46992  
(260) 563-4171  
FAX: (260) 563-0876

## TREE REMOVAL CONTRACT CITY OF WABASH

1. The Address for where the Tree Stands in question: \_\_\_\_\_
2. The owner of the property is: \_\_\_\_\_ Phone# \_\_\_\_\_
3. An inspection has been done on the Tree in question by \_\_\_\_\_  
Dated this day \_\_\_\_\_, \_\_\_\_\_.
4. The Owner \_\_\_\_\_, has agreed to have the tree removed  
within \_\_\_\_\_ days.
5. The Owner \_\_\_\_\_, has agreed to pay for the removal  
and hauling away of the dead tree, once this has been done, the City will  
reimburse the said owner 30% of the cost for removal.
6. The findings of the Tree after inspection:  
  - A. I have found the tree to be a danger to the property and or to the public and  
needs to be removed.
  - B. I agree that the City of Wabash should pay 30% of the cost for removal.
  - C. It is possible that only partial removal would be necessary for the safety of  
Property owner and or public.

John Stephens

Owner: \_\_\_\_\_

Wabash City  
Enforcement Officer

Address: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_/Phone: \_\_\_\_\_