



# City of Wabash

Building Department

**CITY HALL**  
202 S. Wabash Street  
Wabash, IN 46992

**PHONE (260) 274-1491**  
**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 \_\_\_\_\_ on this date \_\_\_\_\_.
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 said owner 30% of the cost of 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.

Jim Straws

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

Wabash City

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

Building Commissioner  
Enforcement Officer

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

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