

**UNIVERSITY OF NOTRE DAME  
REQUEST FOR CAMPUS TREE REMOVAL**

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**DATE OF REQUEST:**

**PROJECT:**

**LOCATION:**

**TYPE AND NUMBER (attach photos) and indicate those that will be relocated:**

**REASON FOR REMOVAL:**

**QUANTITY OF REPLACEMENT TREES:**

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**Requestor**

Comments:

\_\_\_\_\_  
*Requestor's Signature*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Date*

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**Manager of Landscape Services**

Comments:

\_\_\_\_\_  
*Signature of Approval*

\_\_\_\_\_  
*Date*

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**Associate Vice President for Facilities Design & Operations**

Comments:

\_\_\_\_\_  
*Signature of Approval*

\_\_\_\_\_  
*Date*

*File: Requestor*

*Revised: 7/1/2011*