



Tree Removal Permit Request

Date: ____ / ____ / ____

Name: _____

Address: _____

Phone #: _____

Email: _____

Tree(s) Location: _____

Please complete and return form to:

**Village of Streamwood Public Works
565 S Bartlett Road
Streamwood, IL 60107
Email: public_works@streamwood.org**

Permit Status: Accepted Denied

Checked By: _____

Date: ____ / ____ / ____