



ADOPT-A-TREE PROGRAM APPLICATION FORM

Applicant Name: _____
Address: _____
Phone: _____
Email: _____

Do you own the property? Yes ___ No ___*
If not, please provide the name, address, phone of property owner.
Name: _____
Address: _____
Phone: _____

- All participants in the “Adopt-A-Tree Program” must be the legal owner of the property, or obtain approval from the legal owner, and provide a signature to the partnership agreement regarding commitment to the maintenance program.
- If you vacate your residence within the first 3 years of planting, you must notify the City Urban Forestry Department.

As the applicant and with my signature, I understand and accept the assigned responsibilities associated with the Adopt-A-Tree Program, which includes providing adequate irrigation for the tree during the first 3 years.

Print Name (Property owner) Signature

Date: _____

Tree placement shall be based upon site review and availability of funding.

Return application to: City of Whitefish Parks and Recreation Department
PO Box 158, Whitefish, MT 59937

FOR OFFICAL USE

Site Review staff: _____ Date: _____ Accepted: _____ Not Acceptable: _____
Critical issues: _____
Assigned Tree Species and Size: _____
Specific Location on Property: _____

Projected planting date: _____