



ADOPT-A-TREE PROGRAM APPLICATION FORM

Applicant Name: _____

Address: _____

Phone: _____

Email: _____

Why you wish to participate: _____

Property where you wish to place new tree, if different than above:

Address: _____

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.

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.

Signature **Date:** _____

Signature

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: _____