



City of Gloversville Tree Removal/Planting Reimbursement Application

Please Select One **Tree Removal Reimbursement**
Tree Planting Reimbursement

Homeowners Name

Street Address

City

State

Zip Code

Phone Number

E-Mail Address

**Is this the same address for grant work
to be completed ? (If no please enter
below)**

Yes

No

Street Address

City

State

Zip Code

Contractor Name

Contractor Street Address

City

State

Zip Code

Phone Number

E-Mail Address

For tree removal applications, please submit completed application along with a copy of the order to remedy, tree permit, contractor invoice and proof of payment to the DPW Office or by email to dpwaa@cityofgloversville.com.

Once application is approved, a reimbursement check will be issued.

Approved By: _____ Date: _____