

CITY OF DAVIS
PARK AND COMMUNITY SERVICES DEPARTMENT
TREE COMMISSION/TREE MODIFICATION PERMIT
APPEAL

(Sections 37.01.080; 37.01.140; 37.02.020; 37.02.050; 37.02.070; 37.03.060; 37.03.070; 37.06.040)

Return to: 1818 5th Street, Davis, CA 95616
(530) 757-5633 phone/(530) 297-5410 fax

I/We, _____, owner/manager of property at
Please PRINT Name

_____ request an appeal of the: (choose one)
Address

Tree Commission _____ Tree Commission meeting date
 Tree Modification Permit _____ Permit Number

For the following reason(s): (If needed, attach additional information to the form)

I have read the Tree Commission decision/Tree Modification Permit and understand the conditions outlined:

Signature Date

Mailing Address (if different than above) City State Zip

(Area Code) Telephone Number E-Mail Address

DO NOT WRITE BELOW THIS LINE – OFFICIAL USE ONLY

Assessment of tree's condition by Community Services Staff: _____

Staff Comments:

Date Fee Paid: _____ Amount Paid: \$ _____ Received By: _____
Use Tran Code: 4623 City Tree Permit Fee RecTrac Household # _____ RecTrac Receipt # _____