

Los Angeles Unified School District Office of Environmental Health & Safety Tree Trimming & Removal Application



Please subiiii	t completed form	n to: environmental_review@lausd-oehs.org	
Date:			
From (Include Title):			
Phone:	()	Email:	
School Name:			
School Address:			
Local/Board Districts			_
Total number of trees	to be removed or trimme	ed more than 10%:	
Total number of protect	cted trees to be removed	or trimmed more than 10%, if known:	
Anticipated date of tre	e removal:		
Reason(s) for tree rem	oval or trimming:		
Landscape/Plot Plan A	attached: [(if yes, check box)	
Tree Inventory Report	Attached: [(if yes, check box)	
Tree Impact Report At	tached:	(if yes, check box)	
•	•	protected tree without first having applied for and obtained appro- O, Local District Superintendent, and School Principal.	/al
School Principal		Date	
Local District Superint	endent	Date	
1			
Director, Maintenance	& Operations	Date	
(for protected trees onl	•		
Director, Office of Environmental Health & Safety (for protected trees only)		lfety Date	
(101 protected trees off	y <i>)</i>		_
Official Use Only	Degree A		
Please Check One:	Request Approved with	h conditions (see attached)	
	Request Denied	(4	