



PO Box 90, Daniels, WV 25832

GSVPOA Tree Removal Request Form

Date Submitted: _____

Homeowner Name: _____

Property Address: _____

Daniels, WV 25832

Owner Phone Number: _____

Time Owner is available to meet (Please provide two possible meeting times with the date and time. We will do our best to accommodate but we cannot guarantee):

First Choice: _____

Second Choice: _____

Are trees marked with colored Tape: Yes No

(Note all proposed tree removals must be marked with brightly colored flagging tape prior to inspection or they cannot be evaluated for removal).

How many trees in total are requested to be removed: _____

Number of Live trees: _____ Number of Dead Trees _____

Where are the trees located you're your property?: _____

Is your home located on the: Golf Course: Y N

A Lake Lot: Y N

Homeowner's Signature and Date: _____

GSVPOA Representative Signature and Date: _____

GSVPOA ACC Committee Representative

Date received by Staff: _____ Date Reviewed: _____

Golf Course: Y N Lake Lot: Y N

Is it possible to verify that trees are not encroaching on the neighbor's property? Y N

Respond to owner Added to owner file

Additional GSVPOA Representative Comments: _____

Approved or Denied Date _____

Reason for Denial: _____