



ULHASNAGAR MUNICIPAL CORPORATION CITIZEN FACILITATION CENTRE

SUBJECT: PERMISSION FOR CUTTING & TRIMMING HAZARDOUS TREE

Token Number (For Office Use)

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Date:-

/ /

Citizen Identification Number

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(If Citizen Identification Number is given, do not fill below Details)

Applicant's Details:

Last Name/ Surname	Name	Father/Husband's Name

Details of Society (If Application from Society):

Name Of Society:	
Designation	

Address:

Head	Information
House/Building/Soc. Name:	
Flat/Block/Barrack No.:	Wing/Floor:
Road/Street/Lane:	
Area/Locality/Town/City:	Taluka:
Pin code:	
Ward Committee No.:	1 [] 2 [] 3 [] 4 []
Electrol Panel No.:	
Telephone No. (if any):	Contact Person:
Email Address (if any):	

Necessary Particulars about above service:

Head	Information
1	Type of permission (Tick [✓] whichever is applicable)
	[] Cutting of hazardous tree [] Trimming of hazardous tree
2	Address of the place (where tree is to be cut/trimmed)
	Pin
3	Owner of Tree-- (Tick [✓] which ever is applicable)
	[] Self [] Others
4	Type of other owners (Tick [✓] which ever is applicable)
	[] Corporation [] Personal [] Joint/society/common
5	Name/type of the tree

6	Reason for cutting the tree - (Tick [✓] which ever is applicable)	<input type="checkbox"/> Due to Desiccated /dried tree (Dead tree) <input type="checkbox"/> Due to virus infection <input type="checkbox"/> Due to weak / feeble tree <input type="checkbox"/> Due to spread out of tree <input type="checkbox"/> Due to Electric wire passing from the tree <input type="checkbox"/> Falling of trees due to storm <input type="checkbox"/> Falling risk to lives/ property <input type="checkbox"/> Obstacles in traffic
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Necessary Enclosures related to above application are enclosed as under.
(Please tick [✓] for YES or tick [X] for NO)

	Enclosures	Yes/No
1	Location map of place	[]
2	NOC from owner of the tree (if owner is other than applicant)	[]

Declaration

I/We..... state on solemn affirmation that the above information is true and correct to the best of my/our knowledge. If the information given is found wrong then I/We shall be held legally liable for its consequences.

Date:-

Applicant's Signature

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The document may please be delivered to:

1. Self/Nominated Person [] a) C.F.C. [] b) Camp No. []

Name of Nominated Person (_____)

2. By Post

- a) U.P.C. [] b) Register A.D. []

3. Courier []

(Not to be filled if address is same as above)

Correspondence Address: -

Last Name/ Surname	Name	Father/Husband's Name
House/Building/Soc. Name:		
Flat/Block/Barrack No.:	Wing/Floor:	
Road/Street/Lane:		
Area/Locality/Town/City:	Taluka:	
Pin code:		
Email Address (if any):		