

SLI Tree Trimming/Removal Agreement and Work Order

This form is to be completed by all parties AFTER the SLI Architectural Committee has received and approved the tree trimming/removal request.

AFFECTED PROPERTY

Leaseholder name: _____ Homesite# _____

Contact information (phone, email): _____

Property Address: _____

REQUESTING LEASEHOLDER

Leaseholder name: _____ Homesite# _____

Contact information (phone, email): _____

Property Address: _____

ARBORIST/TREE SERVICE CONTRACTOR- NAME & CONTACT INFO:

DATE WORK TO BE PERFORMED: _____ (All parties must be notified of the date and time work is to commence, by the contractor).

SCOPE OF WORK (attach work order, photos, etc.): _____

COST/BID \$ _____ **TO BE PAID BY:** _____

All parties listed below, by their signature agree that they are fully informed of the cost and scope of work, and that the contractor has the right to enter the property to perform said work. The signature of the SLI manager verifies that SLI has reviewed this document and that the Architectural Committee has approved the scope of the work. The Arborist/Tree Service MUST be properly licensed, bonded and insured. This agreement is solely between the Affected and Requesting Leaseholder. Salishan Leaseholders Inc. accepts no responsibility or liability in this matter

Affected Leaseholder Signature

Date Signed

Requesting Leaseholder Signature

Date Signed

SLI Manger Signature

Date Signed

Contractor Signature

Date Signed