



**VILLAGE OF FOX POINT  
FORESTRY DEPARTMENT  
PRIVATE TREATMENT OF VILLAGE ASH TREES FORM**

Property address		Property owner	
Description of tree(s) and location in right of way. Attach a picture to this form if possible.			
DBH	Type of treatment		Product or chemical
EPA #		Application rate	
Treatment company		Address	
Phone #	Applicator #		

Return this form to the Fox Point Forestry Department.

\_\_\_\_\_  
Authorization

\_\_\_\_\_  
Date