

Camden Woods Homeowners Association Approval Form

Homeowners Name: _____

Address of Site: _____

Contact Phone Number _____

Rational for Removal: _____

Drawing Of area for Inspection



Please provide the name and contact information of the company the will be performing the removal _____

The company above provided you (Home Owner) proof of insurance and liability prior to removal:

Yes

No

By signing and dating this document you acknowledge that you have visually seen proof of the removal company's insurance and it is current (*the insurance has not lapsed based on the proof that was provided):

Print Name of Owner _____

Signature: _____

Date: _____

*Should you need the services of an arborist a recommendation is listed below:

Russell's Tree Care **Certified Arborist and Tree Removal, 219-887-5502

**Should you need a name of a tree removal service only, a recommendation is listed below:

Cam Tree Service *Tree removal only, 219-942-0333