
Received signature



City of Sylvan Lake

1820 Inverness

Sylvan Lake, MI 48320

Phone (248) 682-1440 Fax: 682-7721

Cityhall@sylvanlake.org

Approval Date

Application Date

Approval Signature

Donation for a Memorial Tree Application

Name of resident _____ Phone: _____

Email: _____ House Address: _____

Persons Name to be recognized: _____

Tree Service Name: _____

Contact person: _____

Phone: _____ Email: _____

Company Address: _____

Proposed Three Locations for Tree:

1. _____

2. _____

3. _____

(All donations become the sole property of the City and are irrevocable upon acceptance by the City. Trees are covered under a one-year warranty. After one year, replacement of the tree must be covered by the donor. The City is not obligated to replace the tree if it becomes unsafe or damaged. The City may remove the tree at its discretion.)

Applicant Signature: _____ Date: _____