

Stratford Residential Tree Planting Program Application Form 2021

Applicant Name (must be property owner): _____

Address (must be in Stratford): _____

Phone Number: _____

Email: _____

Preferred Type of Tree: CHOOSE THREE* (place a 1, 2, and 3 beside the species of tree you prefer, in order of preference. i.e. 1 is the most preferred)

Common Name	Your 3 choices	Suitable Growing Conditions
Red Maple		Wet areas with full sun or partial shade, near shore
Linden/Basswood		Wet areas with full sun or partial shade
Red Oak		Dry areas with full sun, near shore
White Birch		Dry areas with full sun, near shore
Trembling Aspen (Poplar)		Dry areas with full sun, near shore
White Spruce		Dry areas with full sun, near shore
Red Pine		Dry areas with full sun, sandy soil
Balsam Fir		Dry areas with partial shade or full sun
Eastern White Cedar		Moist areas with full sun
Eastern White Pine		Dry areas with full sun or partial shade, near shore

**While we will do our best to plant your preferred species of tree, site suitability and species availability may require us to plant your second or third choice. We will discuss this with you before going ahead.*

_____ I am aware that I will be required to dig the hole for the tree to the size required by the root ball.

_____ I am aware that I will be responsible for watering the tree during the summertime for this year (2021) and at least the following year (2022).

_____ I am aware that I will be entirely responsible for the tree after it is planted and that the town will not be liable or responsible for the tree.

_____ I am aware that there is a \$50.00 fee to participate in this program.

Date: _____ Signature of property owner: _____