

**LUDLOW MAINTENANCE COMMISSION
ARCHITECTURAL CONTROL COMMITTEE
PO Box 65060
Port Ludlow, WA 98365**

HAZARDOUS TREE COMPLAINT

DATE: _____

REQUESTING PARTY: _____ PHONE: _____

ADDRESS: _____ LOT #: _____

E-MAIL: _____

OWNER OF LOT WITH HAZARDOUS TREE: _____

ADDRESS & LOT #: _____

To be considered this application must describe the tree(s) to be removed. For each tree please indicate species, diameter at breast height, and hazardous condition. Photographs and/or sketch (reverse side of this form may be used) must be submitted to support this request. The Architectural Control Committee (ACC) will conduct a site inspection of hazardous tree(s) before making a decision.

SIGNED (REQUESTING PARTY): _____ DATE: _____

APPROVED (ACC) _____ DATE: _____

DENIED (ACC) _____ DATE: _____

REASON (ACC) _____ DATE: _____

FINAL DISPOSITION: _____
