



APPLICATION FOR BRUSH CUTTING

OFFICE USE ONLY	
Date Received:	_____
Receipt #:	_____
Zoning:	_____

APPLICANT CONTACT INFORMATION

Name:		
Mailing Address:		Postal Code:
Phone:	Cell:	Home:
Email:		

I, (name of property owner) _____ hereby give The Town of Holyrood, permission to cut brush, limbs and trees on my property at _____ and the right to remove any portion of this material as required without any obligation, action or future claims against The Town of Holyrood. I also agree not to hold the Town of Holyrood responsible for any future environmental issues or removal of this material.

Signature, Property Owner

Date

Signature, Town of Holyrood

Date