

City of Bloomington
Parks & Recreation
401 N. Morton St., Ste. 250
Bloomington, Indiana 47404



Phone: (812) 349-3716
Fax: (812) 349-3705
E-mail: smithh@bloomington.in.gov

APPLICATION FOR TREE ASSISTANCE PROGRAM (TAP)

Application must be submitted during the period of time that TAP applications are accepted.

Applicant must own the property within City of Bloomington Municipal Limits and be their primary residence.

Applicant must include proof of income with the application, such as the previous year's tax return. See the TAP guidelines for alternate ways to verify income.

APPLICANT INFORMATION

Name of Applicant: _____

Address: _____

Level of Income - Single:

Level of Income— Dual:

Phone Number: _____

Email: _____

Do you already qualify for any other assistance programs?

If you selected yes above, please list the programs you are qualified for.

TREE INFORMATION

Check the desired work to be completed:

☐

High Risk Tree Removal and Tree Replanting.

☐

Tree Risk Mitigation (Pruning)

☐

Tree Planting

If you selected Tree removal or tree mitigation, please describe where this tree is in relation to your property, and why you believe it needs removed or pruned?

If you selected tree planting, please describe the location you would want to plant a tree in relation to your property, and what species of tree you would like to plant?

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OTHER COMMENTS OR INFORMATION

APPLICANT ATTESTATION AND SIGNATURE

Printed Name: _____

The applicant named above shall fully complete and sign this form. The application is not valid until signed by the Department. Please keep a copy of the signed application for your records. The applicant is solely responsible for any costs incurred that exceed the level of assistance provided by the tree assistance program. Applicant understands and agrees that any tree removed is paired with a tree planting.

By signing below I affirm that the information provided above is true. I agree to abide by any and all conditions imposed below. I agree to indemnify and hold harmless the City, the Board, and the officers, agents and employees of the City and the Board from any and all claims, demands, damages, costs, expenses or other liability arising out of the reckless or negligent act, omission or any willful misconduct on the part of the applicant or any contractors retained by the applicant or City for work under this application.

Signature: _____

Signed Date: _____

Do Not Write Below—Staff Use Only

Date Received: _____

Findings, conditions, comments from review committee

Approved ☐

Denied ☐

Signature: _____
Program Lead

Signed Date: _____

Signature: _____
Review Committee

Signed Date: _____