

5695 REC Drive, Marion, IA 52302 Ph: 319-377-1587 / 1-800-332-5420 lcrec@linncountyrec.com

lcrec@linncountyrec.com www.linncountyrec.com

| Tree Permit         |   |                               |                             |                                    |
|---------------------|---|-------------------------------|-----------------------------|------------------------------------|
| Addres              | ss:                                     |                               |                             |                                    |
| 7 taar o            |   |                               |                             |                                    |
| I, the un           | dersigned, having au                    | thority to do so, hereby gra  | nt Linn County Rural Ele    | ectric Cooperative authority to    |
| □ prune             | , $\square$ top, $\square$ fell/get dow | n to safe level, □ chemicall  | y treat, the tree, trees or | r brush described below which      |
| interfere           | with the service supp                   | olied the members of this C   | ooperative at no charge     | e to the undersigned.              |
|                     | TREE SPECIES                            | DIAMETER AT BASE              | APPROY HEIGHT               | BRUSH TO BE                        |
|                     | TREE OF EOIEO                           | DIAMETER AT BACE              | AIT NOX. IILIOIII           | <u>BROOM TO BE</u><br>□ Left       |
|                     |   |                               |                             | ☐ Chipped                          |
|                     |   |                               |                             | LOGS TO BE                         |
|                     |   |                               |                             | ☐ Left on property                 |
|                     |   |                               |                             |                                    |
|                     |   |                               |                             |                                    |
| I represe           | ent to the Cooperative                  | that I have full authority to | grant permission as out     | tlined above and agree to hold     |
| •                   |   | ne event that the Cooperativ  | re is damaged as a resu     | It of my not having full authority |
| as repre            | sented.                                 |                               |                             |                                    |
| Deter               |   | Ciamada                       |                             |                                    |
| Date:               |   | If submi                      |                             | your legal name in place of your   |
|                     |   | signatur                      | e above.                    |                                    |
| REMAR               | KS:                                     |                               |                             |                                    |
|                     |   |                               |                             |                                    |
|                     |   |                               |                             |                                    |
|                     |   |                               |                             |                                    |
|                     |   |                               |                             |                                    |
|                     |   |                               |                             |                                    |
| Map Loc             | cation / Account Numl                   | per:                          |                             |                                    |
|                     |   |                               |                             |                                    |
| May we service?     |   | it says so we can give yo     | u and your neighbors t      | he best possible continuity of     |
| Please s            | sign and return to th                   | e Cooperative. THANK Y        | OU.                         |                                    |
|                     |   |                               |                             |                                    |
| REC Representative: |   |                               |                             |                                    |