

**APPLICATION FOR TRIMMING OF TREES**

Date \_\_\_\_\_

Fee Paid \_\_\_\_\_  
Receipt # \_\_\_\_\_

Applicant \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Tract \_\_\_\_\_

Owner of property with trees/shrubs: \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Tract \_\_\_\_\_

Location of trees/shrubs that affect your view. If possible provide photos plot map.

\_\_\_\_\_  
\_\_\_\_\_

Explain in detail how the vegetation issue affects your view and protects the adjoining property.

\_\_\_\_\_  
\_\_\_\_\_

Please list all efforts to resolve the problem with your neighbor. Attach copies of all correspondence.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. I have received and read PVHA Resolution No. 150. I am willing to pay the cost of trimming or removal in accordance with said Resolution.
2. I understand that enforcement of a decision could require that PVHA be involved in Alternative Dispute Resolution (“ADR”) proceedings and a lawsuit. The potential expense is substantial and an exact cost estimate at this time is impossible.

**IF ALTERNATIVE DISPUTE RESOLUTION OR LITIGATION IS COMMENCED IN ORDER TO ENFORCE THE DECISION OF PVHA, I SPECIFICALLY AGREE TO PAY ALL EXPENSES INCURRED BY PVHA.**

Expenses include but are not limited to experts and attorney’s fees.

**I UNDERSTAND AND AGREE TO INDEMNIFY AND REIMBURSE PVHA FOR ALL EXPENSES INCURRED BY PVHA RELATED TO THIS APPLICATION**

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