

STREET TREE CERTIFICATION

I, _____, Owner/Agent for _____
(PLEASE PRINT) *(PERMIT HOLDER)*

Do hereby certify that the following location meets
City of Tigard and Washington County
land use and development standards for street tree installation.



ADDRESS: _____

SUBDIVISION: _____ LOT: _____

SIGNATURE: _____ DATE: _____
(OWNER/AGENT)

RECEIVED BY: _____ DATE: _____
(CITY OF TIGARD)