



15440 South Central Avenue Oak Forest, IL 60452-2195  
708.535.4090 • Fax 708.687.2028 • www.oak-forest.org

## 50/50 Parkway Tree Planting Program Reimbursement Request

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

I have attached a copy of the bill/invoice for the purchase and installation of \_\_\_\_\_ parkway trees(s). I request that the Public Works Department inspect the tree(s) to verify the plantings have been completed and to process this reimbursement as allowed by the program.

I agree to water the tree(s) at least once a week with 10-12 gallons of water (more as needed during periods of high heat and drought). I will also maintain a mulch ring 12-18" around the tree(s) @3" deep to help conserve moisture, control weeds, and protect roots from extremes of heat and cold.

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form with a copy of the paid bill/invoice to purchase and plant the parkway tree in-person at the City Clerk's Office at City Hall or by mail to the City of Oak Forest Public Works: 15440 S. Central Avenue, Oak Forest, IL 60452**

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### For Office Use Only:

Date Received: \_\_\_\_\_ Copy of paid Bill/Invoice Attached: \_\_\_\_\_

List Number: \_\_\_\_\_

Number of Trees Planted: \_\_\_\_\_

Species & Size: 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Entered into Cartegraph: \_\_\_\_\_

Reimbursement Approval: \_\_\_\_\_ Amount: \_\_\_\_\_