

**Reimbursement Packet  
Tree Hazard Removal Cost Sheet**

Applicant Name:

Date Submitted:

Project Site Accessor Parcel Number:

**Instructions:** Complete this form with real cost information provided by contractor hired for tree treatment services. After the completion of the project return this form, receipts, and proof of payment to the Amador Resource Conservation District (ARCD). ARCD staff will contact you to schedule a post-site visit. All work must be completed within 60 days from the date of the pre-site visit.

<b>Tree Hazard Treatment Cost Categories</b>			<b>TREE #1</b>	<b>TREE #2</b>	<b>TREE #3</b>	<b>TREE #4</b>	<b>TREE#5</b>
		DBH:					
		Species:					
<b>1.</b>	Tree Falling Cost:		\$	\$	\$	\$	\$
<b>2a.</b>	Type of Slash Treatment	Lopping Cost:	\$	\$	\$	\$	\$
<b>2b.</b>		Piling Cost:	\$	\$	\$	\$	\$
<b>2c.</b>		Burning Cost:	\$	\$	\$	\$	\$
<b>2d.</b>		Other:	\$	\$	\$	\$	\$
	If 'other' slash treatment is used, the type of treatment must be clarified:						
<b>2.</b>	Total Slash Treatment Cost: <i>= 2a + 2b + 2c + 2d</i>		\$	\$	\$	\$	\$
<b>3.</b>	Tree Removal from Site Cost:		\$	\$	\$	\$	\$
<b>4.</b>	<b>Total Cost:</b> <i>= 1 + 2 + 3</i>		\$	\$	\$	\$	\$
	<b>Total Cost Eligible for Reimbursement:</b> <i>=4(Tree#1)+4(Tree#2)+4(Tree#3)+4(Tree#4)+4(Tree#5)</i>		\$				
<b>Notes:</b>							