



OPERATIONS DEPARTMENT
REQUEST FOR TREE WORKS

818 Pacific Highway, Gordon NSW 2072 | Locked Bag 1006, Gordon NSW 2072
T 02 9424 0000 F 02 9424 0001 DX 8703 Gordon TTY 02 9424 0875
E kmc@kmc.nsw.gov.au W www.kmc.nsw.gov.au ABN 86 408 856 411

PLEASE NOTE:

THE CORRECT FEE MUST BE PAID AT THE TIME OF LODGEMENT OF THIS APPLICATION

Address of property containing trees: _____
_____ Postcode _____

Applicant's name (Mr/Mrs/Ms): _____
(If you are not the property owner, please provide authorisation from owner)

Telephone:
Home: _____ Business: _____ Mobile: _____

Nearest cross street: _____

Applicant's postal address: _____
_____ Postcode: _____

Has an application for tree works been made previously for this tree/s Yes No

Has the retention of the tree/s been the subject to a condition of a Development Application that has been lodged with Council within the last 5 years. Yes No

If yes, please provide details: _____

Is the tree located within a Heritage Conservation Area (HCA) or heritage item. Yes No

Please Note: - if yes, should Council determine the tree works to be more than minor or they may adversely affect the HCA or heritage item, a development application will be required.

I have considered the Rural Fire Service 10/50 vegetation clearing Code of Practice for NSW, prior to completing this application form and therefore request approval from Council to prune or remove tree/s on private land. Yes

Number of trees you wish to remove: Number of trees you wish to prune:

Please Note: – it is not necessary for the applicant to be present at time of inspection, as written confirmation of determination will be forwarded.

Is access to the tree/s available? Yes No

Do you have a dog that may threaten the inspector Yes No

Tree Owner's Name (please print): _____

Tree Owner's Signature: _____ Date: _____

KU-RING-GAI COUNCIL



CREDIT CARD PAYMENT FORM

818 Pacific Highway, Gordon NSW 2072 | Locked Bag 1006, Gordon. NSW 2072
T 02 9424 0000 **F** 02 9424 0001 **DX** 8703 Gordon **TTY** 133 677
E kmc@kmc.nsw.gov.au **W** www.kmc.nsw.gov.au **ABN** 86 408 856 411

Introduction	This form can be used for providing payment by credit card for Council services. Please attach this form with any relevant documentation to ensure fast processing of your payment.
Applicant Details	Name:..... Mailing Address:..... Phone Number:.....
Amount to be Debited	\$
Card Details	Card No: _ _ _ _ _ _ _ _ _ _ Expiry: _ _ / _ _ Name on Card:..... Signature:.....Date:..... <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express NOTE: A merchant fee surcharge is applicable to all credit card payments
Your Privacy	The personal information you have supplied on this form is legally required and assists Council officers when determining your application. Failure to provide some details may result in rejection or delays. The details provided are not publicly available. At any time you have access to view or correct any information you have supplied.
Office Use Only	CSO Initials: _____ Date: _____ Receipt No: _____