

**SIGNIFICANT TREE MAINTENANCE REBATE PROGRAM**  
**Co-Owner Consent Form Boundary (Shared) Tree**

**Tree and its location associated with this application (e.g., Sugar Maple: east side yard):**

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**Tree Owner Information**

**Owner 1 (Applicant – rebate recipient):**

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

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

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

Email: \_\_\_\_\_

**Owner 2 (Co-Owner):**

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

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

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

Email: \_\_\_\_\_

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**Proposed Tree Maintenance Work (select all that apply):**

- Tree crown reduction or retrenchment
- Removal of deadwood
- Pruning for clearance or elevation
- Installation of cables and/or braces
- Deep root fertilizing
- Vertical mulching (soil treatment)
- Radial trenching (soil de-compaction)
- Compost tea application
- Level 3 Risk Assessment (e.g., resistance drilling, sonic tomography, pull test)

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**Collection of Information:**

Personal information contained on this form is collected under the authority of the *Municipal Act*, 2001, S.O. 2001, c. 25, for the purpose of obtaining a significant tree maintenance rebate. Questions about this collection can be directed to the Supervisor of Forest Protection, City of Burlington, 426 Brant St., Burlington, Ontario, L7R 3Z6, 905-335-7600, ext. 6121.

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**Consent and Acknowledgement**

We, the undersigned, confirm that the tree subject to this application is a boundary (shared) tree located on or along the property line between the above-noted properties.

By signing this form, all parties:

- Consent to the proposed tree maintenance work being completed
- Acknowledge that only one owner (identified above as the Applicant) will receive the rebate payment
- Acknowledge that all work must be reviewed and approved by the City prior to commencement and that work must be completed by a qualified tree professional
- Confirm that all information provided is accurate to the best of our knowledge

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**Signatures**

**Owner 1 (Applicant):**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Owner 2 (Co-Owner):**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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