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

______________________________
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: __________________________