

**Windjammer Village Tree Removal Request**

(843) 249-2460

Fax: (843) 280-4840

Name	Date
Address	Lot Number
Phone Number	

**PLEASE NOTE THAT ALL TREES MUST BE TAGGED.**

**THIS REQUEST MUST BE SUBMITTED BY THE FIRST FRIDAY OF THE MONTH.  
BY SUBMITTING THIS FORM THE OWNER GIVES THE BOARD OF DIRECTORS OR ITS AGENT  
PERMISSION TO ENTER THE PROPERTY FOR THE INSPECTION OF TREES.**

I wish to remove \_\_\_\_\_ tree(s) from my property for the following reasons (type of tree and location would be helpful):

POA Property removal request: (type tree and location)

Approval granted by Board to remove the following tree(s) on Date:

Approval denied because:

Letter sent: (date) \_\_\_\_\_

Original: office

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