



City of Garden Grove
Tree Planting Request

Please email the completed form to the Trees Division at ahansen@ggcity.org

DATE REQUESTED: _____

REQUESTOR NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

ADOPT-A-TREE YES NO

MEMORIAL TREE YES NO

Memorial Name: _____

Persons Dedicating Memorial Tree (noted on certificate): _____

Request to be present during tree planting: Yes No

LOCATION REQUESTED: _____

TYPE OF TREE: _____

QUANTITY: _____

FOR OFFICE USE ONLY

Work Order #: _____

Payment Rec'd: _____

Date Planted: _____

NOTES: