



REQUEST FOR FINANCIAL ASSISTANCE FOR THE  
**REPLACEMENT OF A TREE**



*Form to be completed and submitted to the Village of Senneville*

**IDENTIFICATION**

**OWNER**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Town: \_\_\_\_\_  
 Postal code: \_\_\_\_\_  
 Telephone 1: \_\_\_\_\_  
 Telephone 2: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**APPLICANT** - if other than owner\*

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Town: \_\_\_\_\_  
 Postal code: \_\_\_\_\_  
 Telephone 1: \_\_\_\_\_  
 Telephone 2: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

\*Proxy required (consult By-law 451, Chapter 2, Article 2.2.2: Proxy)

**TREE CUTTING PERMIT • FILE NUMBER**

**File number of the tree cutting permit:** \_\_\_\_\_

**DOCUMENTS TO PROVIDE**

- Completed application form for financial assistance for the replacement of a tree.
- Proof of purchase of the tree.

**DECLARATION**

I, hereby, certify that the information given in this document is correct and complete and I undertake to submit all the required documents. I also declare that I have read the procedures and applicable municipal regulations in force.

Signature of owner or applicant: \_\_\_\_\_

Name (PRINTED): \_\_\_\_\_ Date: \_\_\_\_\_

**TO CONTACT US**

**VILLAGE OF SENNEVILLE, Urban Planning and Environment Services**  
**35 Senneville Road, Senneville (QC) H9X 1B8**  
**Tel: (514) 457-6020**  
**E-mail: [info-urbanisme@villagesenneville.qc.ca](mailto:info-urbanisme@villagesenneville.qc.ca)**

The presented information in this document is taken from the municipal urban planning by-laws in force and is published for information purposes only. They do not replace the provisions contained in the regulations.



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**SECTION RESERVED FOR THE VILLAGE OF SENNEVILLE**

**INFORMATION AND IDENTIFICATION OF TREES TO BE PLANTED**

Date of inspection: \_\_\_\_\_

Tree(s): \_\_\_\_\_

Specie(s): \_\_\_\_\_

**SKETCH OF THE LOCATION OF THE PLANTATIONS**

**AUTHORIZED SIGNATURE**

Signature of the inspector: \_\_\_\_\_ Date: \_\_\_\_\_

**AMOUNT OF AUTHORIZED FINANCIAL ASSISTANCE**

Amount: \_\_\_\_\_

Signature of the administration: \_\_\_\_\_ Date: \_\_\_\_\_