

DATE OF NOTICE _____

**CITY OF HOPKINS, MINNESOTA
DISEASED TREE REMOVAL DISPOSITION**

TREE INSPECTION# _____

ADDRESS _____

PROPERTY ID# _____

TREE LOCATION ON PROPERTY _____

TAXPAYER _____

YOU ARE HEREBY NOTIFIED THAT THE ABOVE PROPERTY HAS BEEN INSPECTED BY THE CITY TREE INSPECTOR AND THE FOLLOWING CONDITIONS HAVE BEEN IDENTIFIED WHICH WILL REQUIRE CORRECTIVE MEASURES:

_____ TREE(S) DYING OF DUTCH ELM DISEASE _____ EMERALD ASH BORER _____ OTHER _____
_____ DEAD ELM TREE(S) LOCATED ON YOUR PROPERTY _____ ELM LOGS; STUMPS, MUST BE REMOVED OR DEBARKED TO PREVENT SPREAD OF BEETLE INFESTATION

IT IS THE RESPONSIBILITY OF THE PROPERTY OWNER TO TAKE PROPER ACTION TO ALLEVIATE THE ABOVE CONDITIONS. CITY CODE REQUIRES THAT DISEASED OR DEAD TREES MUST BE REMOVED AND DISPOSED OF WITHIN 20 DAYS FROM THE DATE OF THIS NOTICE. IF THE OWNER FAILS TO TAKE REQUIRED ACTIONS THE CITY WILL HAVE THE REQUIRED WORK PERFORMED AND THE COSTS INCURRED WILL BE CHARGED TO THE PROPERTY OWNER. UNPAID COSTS WILL BE CERTIFIED TO THE COUNTY FOR COLLECTION WITH THE OWNER'S PROPERTY TAXES.

I HEREBY ACKNOWLEDGE RECEIPT OF THIS DISPOSITION AND WILL REFER THE DISEASED TREE/LOG REMOVAL TO THE FOLLOWING CONTRACTOR: _____ PROPOSED REMOVAL DATE: _____ SIGNATURE: _____

I HEREBY ACKNOWLEDGE RECEIPT OF THIS DISPOSITION AND WILL REMOVE THE DISEASED TREE/LOGS MYSELF
PROPOSED REMOVAL DATE: _____ SIGNATURE: _____

NOTES: _____

**HOPKINS PUBLIC WORKS
11100 EXCELSIOR BLVD
HOPKINS MN 55343-3435**