TREE CITY USA® APPLICATION

Select one: ☐ First Time Applicant  OR  ☐ Recertification

TREE CITY USA status is awarded for work completed by the community during the calendar year. Please contact your State Urban Forestry Coordinator for your state’s deadline, mailing address and any additional information required by your state. The common deadline is December 31 but can vary by state. Completed applications with attachments can be mailed to your State Urban Forestry Coordinator. To apply online and for additional information, please visit portal.arborday.org.

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Community Information

Community Name (as it should appear on recognition materials)

Community Website

Mayor or Equivalent

First Name_ Last Name_

Professional Title_

Address_

City_ State_ Zip Code_

Email Address_

Phone Number (ex. 402-473-9553)_ Fax Number_

City Forestry Contact: Person who is responsible for completing and answering questions about this application.

First Name_ Last Name_

Professional Title_

Address_

City_ State_ Zip Code_

Email Address_

Phone Number (ex. 402-473-9553)_ Fax Number_

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Standard 1: Tree Board or Department

Frequency of Tree Board Meetings: ☐ Weekly  ☐ Bi weekly  ☐ Monthly  ☐ Quarterly  ☐ Semiannually  ☐ Annually

Chairperson: If your city or town has a Tree Board, list your chairperson or head board member. If your city or town doesn’t have a Tree Board, list your city department or manager.

First Name_ Last Name_

Professional Title_

Address_

City_ State_ Zip Code_

Email Address_

Phone Number (ex. 402-473-9553)_ Fax Number_

Other Tree Board Members or Staff

First Name_ Last Name_

First Name_ Last Name_

First Name_ Last Name_

First Name_ Last Name_

If additional Tree Board members are needed, please attach.
Standard ❷: A Community Tree Ordinance

Date Current Tree Ordinance was established

NEW Applicants (required): □ Current ordinance is attached.
RECERTIFICATIONS:
□ Our ordinance as last submitted is unchanged and still in effect.
□ Our ordinance has been changed. The new version is attached.

Standard ❸: A Community Forestry Program
with an Annual Budget of at Least $2 per capita

Community Population

Tree Planting and Initial Care .................................................................$
Tree Maintenance ................................................................................$
Tree Removals ....................................................................................$
Management ........................................................................................$
Utility Line Clearance..........................................................................$
Volunteer Time .....................................................................................$
Other (please explain) ..........................................................................$

Total Community Forestry Expenditures...............................................$

Please attach Annual Work plan (if required by your state) and supporting budget documents.

Trees Planted __________________________ Trees Pruned __________________________ Trees Removed __________________________

Standard ❹: Arbor Day Observance and Proclamation

Date of observation

Please attach program of activities, photos, and/or news coverage. Attach Arbor Day Proclamation.

Mayor or Equivalent Signature

Application Certification To Be Completed By The State Forester:

Community: __________________________

The above named community has made formal application to this office. I am pleased to advise you that we reviewed the application and have concluded that, based on the information contained therein, said community is eligible to be certified as a Tree City USA community, having in my opinion met the four standards required for recognition.

State Forester Signature

Mail completed application with requested attachments to your state forester no later than December 31 (unless your state has instituted a different deadline.)