

Canopy Tree Reimbursement Application Form

Name: _____

Address: _____

Date Planted: _____

Tree Species: _____

Tree Location: _____

Email Address: _____

Tree Purchase Price: _____

Planting Cost: _____

Total Reimbursement Requested: _____ (Not to exceed \$300).

Include receipts and photo of tree planted with application submission to Commissioner of Public Lands.

publiclands@bellemeade-ky.gov

For Internal Use Only – to be completed by Commissioner

Approved or Denied (circle one) by: _____ Date: _____

If Denied, the reasons for denial _____

Total Amount of Reimbursement Approved: \$ _____