

**Tree Service Permit**

**APPLICATION**

A. **Applicant** completes this section:

Date: \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

(Check one) Corporation \_\_\_\_ Partnership \_\_\_\_ Individual \_\_\_\_

**Applicant** provides information on the Truck Inventory Fee Worksheet.

B. **Town Clerk** Submit the following to the Town Clerk:

- Fully completed truck inventory worksheet
- Liability Insurance
- Workers' Compensation Insurance
- Disability Insurance
- Fee Payment

Please complete this form, attach adequate proofs of insurance, include payment and submit to:

**Town of Greece  
Attn: Town Clerk  
1 Vince Tofany Blvd  
Greece, New York 14612**

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**For Town Use**

Fee Paid \$ \_\_\_\_\_

By \_\_\_\_\_ Date \_\_\_\_\_