



**TREE REBATE
REIMBURSEMENT APPLICATION**

745 Center Street, Milford OH 45150
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(513) 831-4192



Project Address: _____

Project Description: _____

Property Owner: _____

Contact Information (email/phone): _____

Contractor Contact Information (if applicable): _____

Project Details:

Number of trees: _____ **Types of Tree(s):** _____

Total Cost of Project: _____

****Please attach a diagram showing where tree(s) will be planted on the property****

This permit and diagram must be submitted to the City of Milford **before** the tree is planted to be eligible for reimbursement. The City will reimburse 50% of the project cost up to \$250 for one tree or up to \$350 for two trees after inspection of the finished project and submittal of the proper receipts.

OFFICE USE

Approved: _____ **Not Approved:** _____ **Date:** _____

Approved By: _____

Reimbursement Amount: _____

Thank you for your commitment to keeping Milford green!