



PERMIT NO. _____
ISSUE DATE: _____

**CITY OF ALMA  
DEPARTMENT OF PUBLIC SERVICES  
VEGETATION WORK AUTHORIZATION  
(Within City Right-of-Way)**

**TO BE COMPLETED BY APPLICANT:**

**Location of work:** \_\_\_\_\_

**Description of work:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Date work is to be started:** \_\_\_\_\_

**Date work is to be completed:** \_\_\_\_\_

**THE UNDERSIGNED APPLICANT AGREES TO CONFORM WITH ALL APPLICABLE  
CITY ORDINANCES AND CONDITIONS NOTED HEREIN.**

**Applicant signature:** \_\_\_\_\_

**Applicant name:** \_\_\_\_\_

**To Be Completed by City:** \_\_\_\_\_

**Permit Conditions:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Approved by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**City Forester (989)463-8901**

Original, signed form must be presented to  
City of Alma Public Services Department for formal processing.