



City of Philomath Heritage Tree Nomination Form

Please supply as much information as possible; attach additional page if needed.

Date: _____

Person nominating the tree:

Property Owner, if other than nominator:

Name: _____

Name: _____

Address: _____

Address: _____

Preferred method of contact?

Phone: _____

Phone: _____

Email: _____

Email: _____

Signature of property owner or authorized public administrator is required

Signature of property owner or authorized signer: _____

Tree Description

1. Location (street address) _____
2. ___ Private Property or ___ Public Property (park, median, etc.) _____
3. ___ Single Tree or ___ Grove of trees (give number of trees) _____
4. Species or variety (scientific or common name) _____
5. Approximate Age ___ years (cite how you estimate age) _____
6. Noteworthy Features: Explain why you feel the criteria for "Philomath Heritage Trees" has been met. Describe the beauty, shade, size, species, history, and other unique features.

7. Include at least two digital photos (email to address below).

Forms are reviewed on an annual basis. Submit form and photo by 5:00 p.m. on the 3rd Tuesday of March.

Please return this form, narrative, and photos to:

Philomath Public Works
PO Box 400
1515 Willow Street
Philomath, OR 97370
pw@philomathoregon.gov