



CARBON CANYON I HOMEOWNERS' ASSOCIATION

**COMMON/ASSOCIATION MAINTENANCE AREA TREE-  
TRIMMING/REMOVAL REQUEST FORM**

*(Homeowners should review the Association's Joint Resolution on Tree Trimming, etc., adopted August 13, 2024, for the Association's policy.)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Location of tree(s) you are requesting to be trimmed/removed. Are they on Association common area (property owned by the Association) or easement (property owned by a homeowner but maintained by the Association)? Please provide nearest street address and a photograph of the area.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of tree(s) (species, if known): \_\_\_\_\_

Direction of view(s) and reason(s) you are requesting tree(s) to be trimmed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you be willing to personally pay for the trimming/removal if approved by the Association?  Yes  No

Is this request due to insurance company compliance?  Yes  No

If you've checked yes, please provide the correspondence provided to you by your insurance company.



If you are not willing to pay, the Association will not perform “view” trimming at Association expense. Our goal is to implement this new policy without raising homeowner assessments. All requests must be approved by the Landscape Committee and submitted to the Board for final approval. Homeowners who are willing to pay for the tree trimming must pay the Association the estimated cost of the work before it proceeds. Work will only be performed by the Association’s selected contractor(s).

**Homeowners are reminded trees that are trimmed/removed from Association common areas or Association-maintained easements without written approval could result in fines and liability for civil damages.**

Dated: \_\_\_\_\_  
*Signature of Requesting Homeowner*

Phone: \_\_\_\_\_ email: \_\_\_\_\_

**Space below for use of the Landscape Committee**

The Committee recommends the request be:

- Approved
- Approved with modifications
- Disapproved

Modifications suggested:  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Committee recommendation:  
\_\_\_\_\_  
\_\_\_\_\_

Dated: \_\_\_\_\_  
*Signature of Chair or Acting Chair*

**Space below for use of the Board of Directors**

The recommendation of the Committee is APPROVED/DISAPPROVED by the Board of Directors this \_\_\_\_\_, **trimming/removal Must be completed within 90 days of approval.**  
Date

\_\_\_\_\_  
Signature Board Member

\_\_\_\_\_  
Signature Board Member