



[application for school projects]

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Will you be co-ordinator? If not, who will be local co-ordinator contact: _____

Location of site:

State: _____ County: _____ City: _____

Is site publicly owned? Yes No

Who owns the land? _____

Who has authorization to approve planting of trees on site, if you know?

Mayor: _____

City council: _____

County: _____

Governance: _____

Parks and Recreation Department: _____

Size of site/site map preferable (attach with email or fax): _____

Use of site current/projected: _____

Are there contaminants on site? Yes No

How many trees needed? _____

Identify local native trees: _____

Do you have local volunteers? Yes No

Do you have any specific tree species in mind? _____

PLEASE SUBMIT ALL APPLICATIONS VIA FAX OR EMAIL

fax: 678.916.4596
email: planting@myestrees.org