

ENVIRONMENTAL, HEALTH, SAFETY, LAND & AGRICULTURE DIVISION
Elder/Disabled Hazardous Tree Service
Application & Liability Waiver
Elder must be 55 Years or Older and Own Home/Residence



A good mind. A good heart. A strong fire.

APPLICANTS	Applicant:		
	Last Name	First Name	M.I.
	Date of Birth		Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Enrollment No.	Phone No.	
RESIDENCE	Co-Applicant: (if any)		
	Last Name	First Name	M.I.
	Date of Birth	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Enrollment No.	Phone No.	
CONCERN	Address:		
	Street Address		
	City	State	Zip
	Does Applicant own this property?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Is this property within Oneida Nation Reservation boundaries? Is this property Applicant's primary residence?		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
RELEASE	Hazard Concern:		
<p>The homeowner/lessee participating in this Hazardous Tree Removal Program assert that all information provided is accurate and understand that applying for Hazardous Tree Removal does not guarantee that the Nation will remove your tree or cover the costs for removal of any trees. If the Nation determines that homeowner's/lessee's trees are eligible for removal pursuant to the Hazardous Tree Removal Program, then the homeowner/lessee hereby consents to the Nation and/or the Nation's contractors entering the above named property for the purpose of hazardous tree removal and further agrees to release from liability and hold harmless the Oneida Nation, and the Nation's agents, employees, officers, officials from any harm, damage, consequence, and/or loss that may arise out of homeowner's/lessee's participation in the Oneida Nation Hazardous Tree Removal Program.</p>			
Applicant's Signature		Date	
Co-Applicant's Signature (if any)		Date	
FOR INTERNAL USE ONLY			
Intake Person		Date Sent to Inspect	