

The Isles Homeowners Association, Inc.

Application for Trimming of Trees
By Isles Approved Contractor

Owner's Name: _____ Date: _____

Owner's Address: _____

Owner's Mailing Address: _____

Daytime Phone: _____ Evening Phone: _____

Email Address: _____

Required Information: Owner must provide:

- ❖ Copy of agreement with the Isles approved contractor (Only Trees – 561-741-1009 to request a quote or for CPM – go to CPM's website www.cpmlawn.com, top right click on Request an Estimate, complete information stating you live in The Isles and CPM will contact you.)
- ❖ Sketch or photo of the location, type of tree or trees being trimmed and amount of trim/cut

If irrigation is damaged or affected by the project, the homeowner is required to use the Association's irrigation contractor, CPM, to make any necessary changes or repairs to the irrigation system.

Owner's Signature: _____ Date: _____

Return Completed form to On-Site Office at the Clubhouse or E-Mail to: DTagg@cra.email.

APPROVED/REJECTEDBY: _____ **DATE:** _____

On Behalf of the Isles Homeowners Association

IF REJECTED, REASON:

_____.