



**VILLAGE OF GLEN ELLYN**  
**TREE CONTRACTOR REGISTRATION APPLICATION**

**DATE OF APPLICATION:** \_\_\_\_\_

**NAME OF BUSINESS:** \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**FAX NUMBER:** \_\_\_\_\_

**NUMBER OF YEARS IN BUSINESS:** \_\_\_\_\_

**INFORMATION REGARDING OWNER(S) OF BUSINESS:**

1. **NAME:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_

2. **NAME:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_

3. **NAME:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

**PLEASE FORWARD THIS FORM TO THE OFFICE OF THE VILLAGE FORESTER AT:**

**VILLAGE OF GLEN ELLYN • PUBLIC WORKS DEPT. • 30 S. LAMBERT RD. • GLEN ELLYN, IL 60137**

**PHONE: (630) 469-6756      FAX: (630) 469-3128**