

**UNIVERSITY OF NOTRE DAME
OFFICE OF THE UNIVERSITY ARCHITECT
REQUEST FOR CAMPUS TREE REMOVAL**

DATE:

PROJECT:

LOCATION:

TYPE AND NUMBER:

REASON FOR REMOVAL:

Office of the University Architect
Requesting Office

Requestor's Signature

Date

Landscape Services
Comments:

Signature

Date

Director of Facilities Operations
Comments:

Signature

Date

Vice President for Business Operations
Comments:

Signature

Date

Approved
Not Approved