



REQUEST FOR ARBOTECT INJECTION REIMBURSEMENT

Name _____

Address _____

Diameter of Tree(s) Injected: _____ Location of Tree(s) Injected: _____

Date Injected _____ by _____ (Company)

Injection guaranteed for _____ years. (NOTE: Injection must be guaranteed for three years to qualify for 15% subsidy. If the guarantee is less than three years, your subsidy will be pro-rated at 5% per year of guarantee.)

Total Injection Cost: \$ _____

Please include a copy of the invoice and a copy of your payment along with this form and mail to:

**City of St. Louis Park
Forestry Office
7305 Oxford Street
St. Louis Park MN 55426-4579**

FOR OFFICE USE ONLY

RECEIVED _____ INVOICE _____ COPY OF PAYMENT _____

TOTAL INJECTION REFUND AMOUNT: _____

REQUEST FOR PAYMENT SENT _____ NOTES _____